

Town of East Lyme

PO Box 519
Niantic, CT 06357
(860) 691-4114
Fax: (860) 691-0351

LL or LS Permit # _____

Date Entered into Zoning Log _____

LOT LINE REVISION OR LOT SPLIT
APPLICATION FORM

This application shall be submitted to the Zoning Official for review of Lot Line Revisions for properties that were not part of a subdivision. Revisions for properties that were part of a subdivision must be submitted to the Planning Department.

Applicant's Name: _____ Phone #: _____ Fax: _____

Mail Address: _____ City: _____ State/Zip Code: _____

Applicant's Signature: _____ Date: _____

The following documentation must be attached for each property affected:

- Yes No Map delineating subject properties involved (2 copies).
Yes No Copies of all related deeds.
Yes No Applicant shall provide proof the lot existed prior to May 4, 1954.

Lot Line Revision Permit Fee \$ _____

State Fee \$60.00

Total: \$ _____ Check #: _____

PLEASE COMPLETE THE REVERSE SIDE OF THE APPLICATION NOW!

Zoning Official Comments:

Applicant shall submit a copy of the approved plan, as signed and approved by the Zoning Official, to the Assessor's Office and a plan Mylar to the Town Clerk's Office.

Approved Denied Date: _____

East Lyme Zoning Enforcement Officer

Cc: Building Dept., Assessor, Planning Dept., Health Dept.

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Side 2:

Please describe all the affected lots; attach extra sheet if necessary:

A. Location of subject property/street address: _____

East Lyme Tax Map No.: _____ Lot No.: _____

Property Owner's Name: _____ Phone #: _____

Property Owner's Signature: _____

Property Owner's Mailing Address: _____

City: _____ State/Zip Code: _____

B. Location of subject property/street address: _____

East Lyme Tax Map No.: _____ Lot No.: _____

Property Owner's Name: _____ Phone #: _____

Property Owner's Signature: _____

Property Owner's Mailing Address: _____

C. Location of subject property/street address: _____

East Lyme Tax Map No.: _____ Lot No.: _____

Property Owner's Name: _____ Phone #: _____

Property Owner's Signature: _____

Property Owner's Mailing Address: _____

D. Location of subject property/street address: _____

East Lyme Tax Map No.: _____ Lot No.: _____

Property Owner's Name: _____ Phone #: _____

Property Owner's Signature: _____

Property Owner's Mailing Address: _____