Received
AUG 7 2025
Town of East Lyme
Land Use

Town of East Lyme

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

LL or LS Permit # _____

Date Entered into Planning Log _____

LOT LINE REVISION OR LOT SPLIT APPLICATION FORM

This application shall be submitted to the Planning Official for review of Lot Line Revisions for properties that were part of a subdivision. Revisions for properties that were part of a subdivision must be submitted to the Planning Department.

Applicant's Name: Hathaway Farm LLC Phone #: 860-227-1301 Fax: n/a

Mail Address: 207 Clarendon Avenue City: Southport State/Zip Code: NC 28461

Applicant's Signature: Kristin Clarke Date: 6/26/2025

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The following documentation must be attached for each property affected:

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

Lot Line Revision Permit Fee $ 150

State Fee $60.00

Total: $ 210 Check #: CASH

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PLEASE COMPLETE THE REVERSE SIDE OF THE APPLICATION NOW!

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Planning Official Comments:

_____

_____

_____

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

Approved Denied Date: _____

_____
East Lyme Planning Enforcement Officer

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

LOT LINE REVISION OR LOT SPLIT APPLICATION FORM

Side 2:

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

A. Location of subject property/street address: Cedarbrook Lane

East Lyme Tax Map No.: 36 Lot No.: 31

Property Owner's Name: Hathaway Farm LLC Phone #: _____

Property Owner's Signature: Kristin Clarke

Property Owner's Mailing Address: 207 Clarendon Avenue

City: Southport State/Zip Code: NC 28461

B. Location of subject property/street address: Cedarbrook Lane/Catbird Lane

East Lyme Tax Map No.: 36 Lot No.: 31

Property Owner's Name: East Lyme Land Trust Phone #: 860-739-6762

Property Owner's Signature: Arthur Carlson

Property Owner's Mailing Address: P.O. Box 831, East Lyme, CT 06333

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: _____