If your map **DOES** have a lot line revision use **FORM** called: **MAP - FIRST CUT – LOT LINE REVISION.**

**URGENT:** Map **MUST** be signed by the Planning & Zoning Director – Town Hall Room 203 “BEFORE” map can be filed on the Land Records in the Town Clerk’s office.

**BRING ALL FOLLOWING INFORMATION TO P&Z OFFICE for sign off:**

1. A completed and signed **APPLICATION** (attached). 
   Be sure it is signed by owner or Letter of Authorization from owner is submitted.

2. Bring the following 3 things to P&Z Dept BEFORE filing Map with Town Clerk’s Office: 
   - **ONE** (1) Original Mylar Map  
   - **TWO** (2) Printed Map paper copies  
   You will leave these items with P&Z Dept for review. Allow approx a week for processing.

3. Be sure map is **Drawn** to **A-2 Standards**, with **Lot Area Calculations** as per Zoning Regulations.

4. **If** map is for **Utility Easements**, you **MUST** submit a **copy of Easement Language** with this application.

5. After P&Z has approved the Mylar the staff will call you to advise the Mylar is ready for pick up.

6. **Fee:** $**25.00** for No Lot Line Change Map Sign Off (CASH or CHECK ONLY (payable to Town of Westport).

7. **FILING:** Approved Mylars should be filed in the Town Clerk’s office in Room 105, no more than **30 DAYS** after P&Z signature date. “Contact Town Clerk’s office for filing fees.”
MAP SIGN OFF

for

“NO” LOT LINE REVISIONS

FILING of RECORD

WESTPORT PLANNING AND ZONING
110 Myrtle Ave – Town Hall Room 203 Westport, CT 06880 Tel: 341-1030

FOR OFFICE USE ONLY

Submission Date: ________

1. Address of Property: ________________________________

2. Property ID (PID#) (9 Digits) ________________________ Zoning District: ____________________
   (As listed on Assessor's card)

3. Owner of Record of property or properties: ____________________________
   Owner’s Address: __________________ Daytime Tel #: __________________
   Owner’s E-mail: __________________

4. Agent's Name (if different than owner): ____________________________
   Agent's Address: __________________ Daytime Tel #: __________________
   Agent’s E-mail: __________________

5. Zoning Board of Appeals Case # (if any): ____________________________

6. Existing Uses of Property: ________________________________

7. Reason for Request: _______________________________________
   ___________________________________________________________
   ___________________________________________________________

8. Must have Property Owners Written Authorization below:

   Applicant’s Signature (if different than owner) __________________

   Owner’s Signature (Must be signed) __________________________

   1. If the applicant is unable to obtain the signature of property owner, a letter of authorization signed by property owner may be submitted instead, as per §43-3.3

All of the above requested information must be included on this form or the request will not be processed.