



Town of Easton

14 S. Harrison Street
Easton, Maryland 21601
410-822-1943 Fax: 410-822-3542



Application for Permit to Subdivide Land

Please Print

1.) Subdivision Information:

Name: _____
Subdivision? _____ Resubdivision? _____ Minor Subdivision? _____
Lot Line Revision _____ Boundary Adjustment _____

2.) Owner/Record of Land:

Name: _____ Telephone No. _____
Address _____ City, State, Zip _____
Liber _____ Folio _____ Plat _____

3.) Applicant/Agent:

Name: _____ Telephone No. _____
Address _____ City, State, Zip _____

4.) Licensed Surveyor/Firm:

Name: _____ Telephone No. _____
Address: _____ City, State, Zip _____

5.) Location Description:

6.) Total Area to be Subdivided: _____ **7.) Number of Lots:**

8.) Zoning Classification: _____

9.) Smallest Lot Size:

10.) Source of Electricity: _____

Signature _____ **Date** _____

To Be Completed by Town of Easton Official

Subdivision No	Application Date:
Sketch Plan Approval Date	Preliminary Plat Approval Date
Final Plat Approval Date	Fees Paid \$