



APPLICATION FOR CHANGE OF ZONING MAP

Application No: _____

Date Received: _____

Fee: _____

Applicant Name: _____

Address: _____ Phone No: _____

Address of Proposed Zone Change: _____

Lot Size (Acres) _____ Assessor's Map _____ Block _____ Lot _____

1. I (we) hereby apply to the Planning and Zoning Commission to change the Zoning District Classification of the zoning map for an area shown on the attached map.

Current Zoning District: GC___ M-1___ M-2___ RA-80A___ RA-80___ RA-40___ RA-15___

Proposed Zoning District: GC___ M-1___ M-2___ RA-80A___ RA-80___ RA-40___ RA-15___

2. Explain in detail the reason for the change requested. (attach sheet if necessary.)

3. Has a previous application for change of zoning map been submitted for this property? Yes___ No___

If yes, application dated: _____

Required Items:

1. Application Fees: \$535.00 (includes State of CT Land Use fee) for parcels up to 5 acres, plus \$10.00 for each additional acre over 5 acres
2. Current zone map showing properties within 500 feet in all directions
3. Narrative with a detailed reason for zone change request

Signature of Applicant

Date

*** If the applicant is not the owner of the property, a notarized "Owner Authorization for Land Use Application Submittals" must accompany this application.**