



# 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.**