

Application No. _____

Fee: \$550.00

APPLICATION FOR A CHANGE TO THE OFFICIAL ZONING MAP

Name of Applicant: _____ Date: _____
(Please Print)

Mailing Address: _____ Phone: _____

(City) (State) (Zip)

E-Mail Address: _____

Interest in Property: Own [] Option to Buy [] Other _____
(Please Specify)

Name of Property Owner: _____
(If Different Than Applicant)

Mailing Address of Owner: _____

Name of Surveyor: _____

Surveyor's Mailing Address: _____

Present Zone: _____ Proposed Zone: _____ No. of Acres of Property: _____ Total Acres of Parcel: _____

Location of Property: _____

This application shall be accompanied by:

1. A-2 survey of the parcel, prepared by Connecticut licensed land surveyor.
2. Names and mailing addresses of all property owners within 500 feet of proposed zone change.
3. Names and mailing addresses of the owners of all land included within the application.
4. Location map.

Applicant's Signature

Company Name (If applicable)

Signature of Property Owner **(Required Information)**

For Official Use Only:

Date Application Submitted: _____ Filing Fee Paid: _____ Forwarded For Review: _____
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