



Town of Stafford, CT
 1 Main Street, Stafford Springs, CT 06076
 PLANNING AND ZONING COMMISSION
 (860) 684-1775 · Fax (860) 684-1768

P&Z REGULATION CHANGE APPLICATION

DATE REC'D: _____

PERMIT No. _____

FEE REC'D: Fee of \$150 received? YES ___ NO ___

DATE: _____

APPLICANT: _____

PHONE: _____

Address _____

CELL: _____

For a change in the Town of Stafford Zoning Regulations, this form shall be accompanied by the exact wording of the change applied for, including reference to the appropriate section number, and by the exact wording of parts to be deleted or added by placing brackets, (), around all language to be deleted, modified or replaced. All language to be added will be underlined.

PROPOSED REGULATION CHANGE: (Attach separate sheet if necessary) _____

REASON FOR CHANGE: _____

Signature of Applicant: _____ Date: _____

This **ZONE CHANGE** IS:

_____ **APPROVED** DATE: _____

_____ **DENIED** DATE: _____

SIGNATURES of Commissioners:

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

ADDITIONAL Requirements or Comments: _____

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