



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

P&Z ZONE CHANGE APPLICATION

DATE REC'D: _____ **PERMIT No.** _____

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

APPLICANT: _____ **PHONE:** _____

Address _____ **CELL:** _____

SUBJECT PROPERTY ADDRESS: _____

EXISTING CONDITIONS: ZONE: _____ LOT SIZE: _____ BUILDING SIZE: _____

PROPOSED CHANGES: ZONE: _____ LOT SIZE: _____ BUILDING SIZE: _____

AREA TO BE CHANGED: _____

REASONS FOR CHANGE: _____

All properties within five hundred (500) feet of the proposed changes shall be identified as to use and owner's names and mailing addresses for all properties indicated.

ABUTTING PROPERTY OWNERS: (Names & Addresses. Attach a separate paper if necessary.)

- A. _____
- B. _____
- C. _____
- D. _____

YES ___ NO ___ Is any portion of property within 500 feet of the boundary of an adjoining municipality?

IMPORTANT: For a change in a zone or zone boundary, this application will be submitted with (2) prints of the zoning map indicating (in color), the area which the change(s) is applied for, the proposed boundary or boundaries involved, and the proposed zoning district designation applied for.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

"In accordance with the Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

***** FOR OFFICIAL USE ONLY *****

PUBLIC HEARING DATE: _____

YES ___ NO ___ **APPROVED** by North Central District Health Department . Signature: _____

YES ___ NO ___ **APPROVED** by Inland Wetland Watercourses Commission. Signature: _____

YES ___ NO ___ **APPROVED** by Water Pollution Control Authority . Signature: _____

ADDITIONAL Requirements or Comments: _____

This **ZONE CHANGE** IS:

_____ **APPROVED** DATE: _____

_____ **DENIED** DATE: _____

SIGNATURES of Commissioners:

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____