

### Town of Warren

Land Use Office 50 Cemetery Rd Warren CT 06754 860-868-7881

# PLANNING AND ZONING COMMISSION APPLICATION FOR ZONING AMENDMENT

Any person seeking review and approval for a Zoning Amendment should submit this application, the required application fee, and any accompanying information required by the Zoning Regulations, no later than 14 days prior to the next regular meeting of the Planning and Zoning Commission. Regular meetings are held on the second Tuesday of each month.

Application is for: ZONE CHANGE/MAP AMENDMENT ZONING TEXT AMENDMENT

Name of Applicant:

(Please Print)

Mailing Address:

(City) (State) (ZIP)

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner of Record:

(Please Print)

Mailing Address

If applicant is not the owner, please indicate applicant's interest in the land:

MAP AMENDMENTS ONLY:

Assessor's Map \_\_\_\_\_ Lot \_\_\_\_ Lot Acreage \_\_\_\_\_

Location of Property:

Current Zoning District: \_\_\_\_\_ Proposed Zoning District: \_\_\_\_



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#### **NECESSARY SUPPORTING MATERIALS:**

For Amendments to the Zoning Regulations, please attach five (5) copies of the existing and proposed text with all applicable references along with a statement as to why the amendment is being pursued.

For Amendments to the Zoning Map, please submit a map drawn to scale showing: (i) the area covered by the proposed zone change and all areas within 1000 feet of the proposed change; (ii) the existing and proposed zoning districts; and (iii) the property boundaries.

**REQUIRED FEE FOR ZONING AMENDMENT APPLICATIONS:** \$200.00 (includes State Fee)

#### **CERTIFICATION:**

The information provided in this application and the accompanying materials is true and accurate to the best of my knowledge. I am aware of the penalties for obtaining approval through deception, inaccurate or misleading information. I hereby authorize the Planning and Zoning Commission and its agents to inspect the subject property, at reasonable times, both before and after a final decision is made.

Signature of Applicant		Signature of Owner	Signature of Owner	
For Official Use: Date Received:	Fee Paid:	Received By:		