



APPLICATION NO _____

TOWN OF COLCHESTER, CONNECTICUT

APPLICATION FOR ZONE CHANGE

This application form and five (5) sets of plans shall be submitted to the Zoning and Planning Commission Office no later than noon on the Thursday before the next regularly scheduled meeting, (the first and third Wednesday of the month excepting Holiday periods). The Applicant shall submit a copy of the Assessor's Map showing all properties and zones within 500 feet of the subject property and a list of the names and addresses of the owners of all properties within 500 feet of the subject property.

ZONE CHANGE from _____ to _____ requiring a Public Hearing

APPLICANT _____
(Please Print)

MAILING ADDRESS _____

(City) (State) (Zip) TELEPHONE _____

REASON FOR PROPOSED ZONE CHANGE _____

LOCATION AND DESCRIPTION OF PROPERTY/ PROPERTIES _____

ASSESSOR'S MAP (S) _____ LOT (S) _____

OWNER OF RECORD (use separate sheet for multiple owners) _____
(Please Print)

ADDRESS _____

(City) (State) (Zip) TELEPHONE _____

APPLICANT(S) SIGNATURE

OWNER(S) SIGNATURE
(use separate sheet for multiple owners)

For Official Use:
APPLICATION SUBMITTED _____ ZPC FEE PAID _____

PUBLIC HEARING DATE _____