



TOWN OF NORTH BRANFORD

TOWN HALL 909 FOXON ROAD NORTH BRANFORD, CONNECTICUT 06471-1290
Building Department (203) 484-6008 Engineering Department (203) 484-6009
Planning & Zoning (203) 484-6010
Department Fax (203) 484-6018

MAP OR TEXT AMENDMENT

APPLICATION TO THE

PLANNING & ZONING COMMISSION

INSTRUCTIONS:

Submit the following:

1. Completed Application Form: 1 original and 9 copies
2. Fee: Check made payable to the Town of North Branford (see attached fee schedule).

For Map Amendments (in addition to the above):

3. Site Plan/Plot Plan: 10 copies drawn to scale
 - a. 1" = 50' showing existing and proposed zoning district boundary lines;
 - b. area of proposed change and all area in Town of North Branford within 500 feet of the proposed change, including owner of each lot and Assessor's Map & Parcel #, and for change area existing contours at an interval not exceeding 5 feet;
 - c. metes & bounds description of the area proposed to be changed.
4. Certified receipts for abutters (submit prior to meeting).

APPLICANT MUST:

1. **NOTIFY** the Regional Water Authority if your property falls within the watershed area within seven (7) days of application to the Town. Application to the RWA is attached. Submit copy to the Planning office also.

For Map Amendments (in addition to the above):

2. **POST** "Public Hearing Sign" *fifteen (15) days* prior to the meeting (sign provided to you by the Town).
3. **MAIL** abutters notices (via certified mail) at least *fifteen (15) days* prior to the meeting (see sample attached). Verify owner info is correct on list prior to mailing letters.
4. **RETURN** certified receipts to the Planning Office prior to the meeting.

TOWN OF NORTH BRANFORD
PLANNING & ZONING COMMISSION

Appl. # _____
Submission Date: _____
Date of Receipt: _____
Fee: _____

Circle One:

AMENDMENT TO ZONING REGULATIONS

AMENDMENT TO ZONING MAP

Applicant Name: _____
Mailing Address: _____
Telephone: _____ Cell #: _____
E-mail address: _____

For TEXT CHANGES, please supply information below:

Section of Zoning Regulations to Amend: _____

Full Text of the Proposed Amendment: _____

(May attach a separate sheet if necessary)

For MAP CHANGES, please supply additional information below:

Address of Property: _____

Assessor's Map No: _____ Lot #: _____

Existing Zoning: _____ Proposed Zoning: _____

Has a previous zone change been requested for this property? _____

If so, when? _____

Owner's Name: _____

Mailing Address: _____

Telephone: _____ Cell #: _____

E-mail address: _____

ALL APPLICATIONS SHALL ADHERE TO THE FOLLOWING:

1. **SUBMISSION REQUIREMENTS** include a complete and comprehensive statement of the reasons for any proposed change, including any special interest the Applicant(s) may have in such change.

2. **ADJOINING MUNICIPALITIES:** Applications affecting sites within 500 feet of, or affecting, an adjacent municipality require notification to that municipality and to the regional planning agency.

_____ Site is within 500 feet of an adjoining municipality.

_____ Site is not within 500 feet and will not impact any adjacent municipality.

3. **REGIONAL WATER AUTHORITY (RWA) NOTIFICATION:** The applicant must provide written notice to the RWA and to the East Shore District Health Department (ESDHD) when any application is within the watershed of the RWA.

_____ Project is not within watershed of the RWA.

_____ Project is within the RWA’s watershed and the RWA and ESDHD have been notified.

SIGNATURES REQUIRED ON THIS APPLICATION:

The following is the legal agreement regarding this application which must be signed by the applicant and by all property owners of property for which a zoning map change is requested.

The undersigned hereby applies for approval of the foregoing Regulation Amendment and/or Zoning Map Change and declares that the statements contained in this application and in all documents and/or drawings submitted as part of the same are, to the best of his/her knowledge and belief, true and accurate as presented.

APPLICANT(S):

_____ signature print name date

_____ signature print name date

OWNER(S):

_____ signature print name date

_____ signature print name date