

AMENDMENT TO ZONING REGULATIONS

SUBMISSION DATE: _____

AMENDMENT TO ZONING MAP

DATE OF RECEIPT: _____

FEE: _____

APPLICATION INFORMATION FOR MAP OR TEXT CHANGES:

1. Applicant's Name: _____
2. Applicant's Address: _____

FOR MAP CHANGES, PLEASE SUPPLY ADDITIONAL INFORMATION BELOW

1. Owner of Record: _____
2. Owner's Address: _____ Phone _____
3. Address of Property: _____
4. Assessor's Map No.: _____ Parcel No.: _____
5. Existing Zoning District _____
6. Proposed Zoning District _____
7. Has a previous zone change been requested for this property? _____
If so, when _____?

I hereby certify that the above information is correct and that I have submitted herewith all of the pertinent documentation required by the Regulations.

Applicant's Signature

Owner's Signature

NOTIFICATION LETTER

_____ has submitted an application to appear
in front of the North Branford Planning and Zoning Commission at 8:00 P.M.
on _____ at the Town Hall, 909 Foxon Road, North Branford
CT. In accordance with Section 61 of the North Branford Zoning Regulations
it has been determined that you own property within 500 feet of this
location and are therefore being notified.

The applicant has requested the following:
