

TOLLAND PLANNING AND ZONING COMMISSION
ZONE CHANGE
ZONING or SUBDIVISION REGULATION AMENDMENT

THIS FORM MUST BE COMPLETELY FILLED OUT

APPLICANT _____ TEL # _____

MAILING ADDRESS _____

CONTACT EMAIL ADDRESS _____

OWNER OF RECORD _____ TEL # _____

MAILING ADDRESS _____

____ I HEREBY APPLY FOR A ZONE CHANGE FROM _____ TO _____
current zone requested zone

LOCATION OF SUBJECT PROPERTY:
STREET # _____ Located on the _____ side of _____, _____ feet from the
Intersection of _____ and _____
Assessor's Map _____ Block _____ Lot _____; Acreage of parcel of requested change _____
As described in the Town Clerks records VOL. _____, PAGE _____

___ I HEREBY APPLY FOR AN AMENDMENT TO THE _____ ZONING _____ SUBDIVISION REGULATIONS
SECTION(S) _____

Have any previous applications been filed in connection with these premises? _____ yes _____ no
If yes, Describe Briefly _____

Former P&Z App. # _____ Date of Previous Action(s) _____

All the above statements and the statements contained in any documents and plans submitted herewith are true, to the best of my knowledge.

Signature of Owner(s) of Record
(Certifies authorization for petition and permission to enter the property in connection with the application)

Signature of Applicant(s)

THIS APPLICATION MUST BE ACCOMPANIED WITH THE FOLLOWING:

1. Seven (7) copies and a PDF of the proposal with all the information required by the Regulations, (more copies may be required). (E-mail PDF to hsmokar@tolland.org)
2. An application fee in the amount of \$ _____
3. **FOR ZONE CHANGES ONLY!** The names and **current mailing addresses** (as derived from the Assessor's Records) for property owners whose land or any part thereof, lays within 500 feet of the subject parcel.

DATE OF SUBMISSION (fee and application) _____ FEE RECEIVED _____

DATE OF OFFICIAL RECEIPT _____ P&Z APP. # _____