

TOWN OF LITCHFIELD PLANNING AND ZONING APPLICATION FOR CHANGE IN ZONE MAP

NAME AND ADDRESS OF APPLICANT: Phone: ()				Names and addresses of property owners within 500 feet
Date Received	Hearing Date:	Action taken/date	Filing Date	

DESCRIPTION OF PROPERTY TO BE REZONED:

Current Zone:		Zone Requested	
Area of tract to be rezoned:		Acres	
Existing Lots			
Existing Buildings, if any			
Map provided by Land Surveyor/Name:			
Map Date (6 copies & mylar)			
Name and Date of Map on Record, if any:			

MAP DATA CHECKLIST

Area affected?		Area of Inland Wetlands	
Area Adjacent within 500 feet?		Owners of all parcels	
Lots, Property lines, Streets		Delineation of proposed change area	
Application to Conservation Commission/Date:		Referral to Regional Planning Agency where applicable/Date:	
/ /			
Signature of Applicant	Signature of Owner	Date	

Fee for Change in Zoning Districts:

Boundary to become any new residential or multifamily zone	\$750.00
All other Zoning District Boundary Changes:	\$300.00

All permit applications shall be subject to the current State of Connecticut DEP Environmental Quality Fund Fee in addition to the municipal fee.