

TOWN OF SCOTLAND

Planning & Zoning Commission
9 DEVOTION ROAD, SCOTLAND, CT 06264
TELEPHONE: (860) 423-9634, FAX: (860) 423-3666

FOR OFFICE USE ONLY: APPLICATION NUMBER: _____ SUBMITTAL DATE: _____
COMMISSION RECEIPT DATE: _____ (The date of receipt is the next regularly scheduled meeting
or 35 days, whichever is sooner). PUBLIC HEARING DATE: _____

ZONING AMENDMENT APPLICATION FORM

Application is for: MAP AMENDMENT TEXT AMENDMENT

Name of Applicant: _____

Mailing Address: _____

Telephone Number: _____

FOR AMENDMENTS TO THE ZONING REGULATIONS: Any person or persons who are property owners or residents in the Town may make written application for an amendment to these regulations. Please attach a copy of the proposal with all Article references along with a statement as to why the amendment is being pursued. Fifteen (15) copies of the Application Form and attachment(s) are required at the time of submittal.

FOR AMENDMENTS TO THE ZONING MAP: Fifteen copies of the following documentation is required: Application Form, a Class A-2 Survey showing boundaries must accompany each application for a change in zoning boundaries, a legal description of the property and a list of abutting property owners, with their mailing addresses and map, block & lot information in order for said owners to be informed in writing of the proposed change.

Assessor's Information: Map ____ Block ____ Lot ____
Present Zoning District _____
Proposed Zoning District _____

Reason(s) for requesting the Zoning Map Amendment:

Previous Petitions: Please list all previous petitions that have been made with respect to the above-referenced property(ies):

Applicant's Signature

Date