Town of Warren

Land Use Office
50 Cemetery Rd
Warren CT 06754
860-868-7881

PLANNING AND ZONING COMMISSION
APPLICATION FOR ZONING AMENDMENT

Any person seeking review and approval for a Zoning Amendment should submit this application, the required application fee, and any accompanying information required by the Zoning Regulations, no later than 14 days prior to the next regular meeting of the Planning and Zoning Commission. Regular meetings are held on the second Tuesday of each month.

Application is for: **ZONE CHANGE/MAP AMENDMENT** ☐
ZONING TEXT AMENDMENT ☐

Name of Applicant: _____
(Please Print)
Mailing Address: _____
(City) *(State)* *(ZIP)*
Telephone: _____ **Email Address:** _____

Owner of Record: _____
(Please Print)
Mailing Address _____
(City) *(State)* *(ZIP)*
Telephone: _____ **Email Address:** _____

If applicant is not the owner, please indicate applicant's interest in the land:
_____

MAP AMENDMENTS ONLY:
Assessor's Map _____ **Lot** _____ **Lot Acreage** _____

Location of Property:_____

Current Zoning District: Select one **Proposed Zoning District:** Select one

Reason for Requesting Zoning Map Amendment:
Joanne Tiedmann
joanne

Town of Warren

Land Use Office
50 Cemetery Rd
Warren CT 06754
860-868-7881

NECESSARY SUPPORTING MATERIALS:
For Amendments to the Zoning Regulations, please attach five (5) copies of the existing and proposed text with all applicable references along with a statement as to why the amendment is being pursued.

For Amendments to the Zoning Map, please submit a map drawn to scale showing: (i) the area covered by the proposed zone change and all areas within 1000 feet of the proposed change; (ii) the existing and proposed zoning districts; and (iii) the property boundaries.

REQUIRED FEE FOR ZONING AMENDMENT APPLICATIONS: $200.00 (includes State Fee)

CERTIFICATION:
The information provided in this application and the accompanying materials is true and accurate to the best of my knowledge. I am aware of the penalties for obtaining approval through deception, inaccurate or misleading information. I hereby authorize the Planning and Zoning Commission and its agents to inspect the subject property, at reasonable times, both before and after a final decision is made.

_____ _____

Signature of Applicant **Signature of Owner**

For Official Use:
Date Received: _____ **Fee Paid:**_____ **Received By:** _____