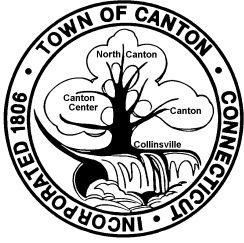


For Office Use

File No. \_\_\_\_\_ Application No. \_\_\_\_\_

Only:

Date Submitted \_\_\_\_\_ Date Received by Commission



## LAND USE OFFICE

# Canton, Connecticut INC. 1806

### 4 Market Street, Canton, Connecticut 06019

## SUBDIVISION REGULATION AMENDMENT APPLICATION FORM

### CONTACT INFORMATION

1. Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

2. Primary Contact Person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

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### SUBDIVISION REGULATION AMENDMENT INFORMATION

1. Section Number Location to be amended/ added: \_\_\_\_\_

2. Existing Text (attach on separate page if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Proposed Text (attach on separate page if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Reasons for Proposed Amendment (attach on separate page if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**REQUIRED FEE**

1. Required Fee		Amount Included
<input type="checkbox"/> Subdivision Regulation Amendment	\$200 plus associated printing costs	_____
<input checked="" type="checkbox"/> All applications require an additional \$60 State Fee		<u>\$60.00</u>
	<b>Total Fee</b>	_____

---

**NOTICE REQUIREMENTS**

1. Is any portion of the site within 500 feet of an adjoining town?

- No  Yes
- Avon
  - Barkhamsted
  - Burlington
  - Granby
  - New Hartford
  - Simsbury

2. The applicant shall file a copy of any proposed regulation amendment with the Town Clerk ten (10) days prior to the hearing. **Certification by the Town Clerk of the filing under these sections must be presented by the Applicant at the public hearing. (See certification form attached)**

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By submitting this application, I hereby verify that all materials contained herein are true and grant permission to Town employees and Commission members to enter and view the subject site.

Applicant Name (please print)

Applicant Signature

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_