



LAND USE OFFICE
Canton, Connecticut INC. 1806
4 Market Street, Canton, Connecticut 06019

ZONE CHANGE APPLICATION FORM

This application is for a: (please check one of the following)

____ Zoning Map Amendment

or

____ Zoning Regulation Amendment

CONTACT INFORMATION

1. Applicant:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Daytime Phone: _____ E-mail: _____

Fax: _____

2. Property Owner:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Daytime Phone: _____ E-mail: _____

Fax: _____

(Attach additional sheets if necessary)

3. Primary Contact Person: _____

Daytime Phone: _____ E-mail: _____

Fax: _____

ZONING MAP AMENDMENT INFORMATION

1. Description of Parcel

A. Address: _____

B. Assessor's Identification: Map#: _____ Lot #: _____

C. Land Record Reference to Deed Description: Volume: _____ Page: _____

D. Lot Size: _____

E. Zoning District: _____

2. Zoning Map Amendment Information

- A. Existing Zoning District _____
- B. Proposed Zoning District _____
- C. Reasons for Proposed Map Amendment

3. 22 copies* of scaled maps showing the following information (6 full size plans and 16 - 11"x17" reductions are acceptable):

- A. Boundary lines of entire tract or tracts under consideration
- B. Key Map
- C. Location Map at a scale of 1"=1000' indicating the location of the area to be rezoned
- D. North Arrow, Scale, Date of Maps, Origin of Maps
- E. Identification of owners of record
- F. Identification of owners of record of abutting parcels
- G. Existing zoning
- H. Proposed zoning with accurate dimensions and/ or bearings
- I. Acreage of area to be rezoned.
- J. Boundaries of watersheds for public water supplies
- K. Location of buildings, streets, driveways, and other facilities on subject land and adjoining properties within 500 feet.

*(8 Planning Commission, 10 Zoning Commission, 2 Staff, 1 File, 1 Regional Agency)

ZONING 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):

REQUIRED FEE

1. Required Fee		Amount Included
<input type="checkbox"/> Zoning Map Amendment	\$300 plus \$250 per each acre or portion thereof; plus associated printing costs	_____
<input type="checkbox"/> Zoning Regulation Amendment	\$300 plus associated printing costs	_____
<input checked="" type="checkbox"/> All applications require an additional \$60 State Fee		<u>\$60.00</u>
	Total Fee	_____

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 or zone change with the Town Clerk ten (10) days prior to the hearing per Sections 8-3(a) of the Connecticut General Statutes. **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)**

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.

Owner Name (please print)

Owner Signature

Date: _____

Applicant Name (please print)

Applicant Signature

Date: _____

BEFORE SIGNING, OWNERS AND APPLICANTS PLEASE NOTE:

By signing this application, the signer represents as to the owner or applicant, whichever applies, either:

- (i) if an individual, that the signer is that individual; or
- (ii) if an entity (e.g. corporation, llc, partnership, trust, association) that he or she is legally authorized to sign on behalf of that entity