



TOWN OF CANTON

4 Market Street
PO Box 168
Canton, CT 06019

Land Use Department
(860) 693-7856
(860) 693-7884 (fax)

OFFICE USE ONLY

APPLICATION # _____ FILE # _____ FEE AMOUNT: _____

DATE SUBMITTED: _____

PAID Y / N

APPROVED Y / N

Zoning Official _____

Date: _____

Comments _____

ZONE CHANGE APPLICATION FORM

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

_____ **Zoning Map Amendment**

Application Fee: \$300 plus \$250 per each acre or portion thereof*

or

_____ **Zoning Regulation Amendment**

Application Fee: \$300*

* Associated printing costs apply

Address: _____

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

Zoning District: _____

Lot Size: _____

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

PROPERTY OWNER: _____ PHONE: _____

APPLICANT / AGENT: _____ PHONE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

ZONING MAP AMENDMENT INFORMATION

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: _____

Zoning Map Amendment Information

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

ZONING REGULATION AMENDMENT INFORMATION

Section Number Location to be amended/ added: _____

Existing Text (attach on separate page if necessary):

Proposed Text (attach on separate page if necessary):

The required Zone Map Change or Zone Regulation Amendment "CHECKLIST" has been completed by the applicant and attached? (Zoning Regulations Appendix)

- ___ No (Failure to submit the required checklist shall render the zoning application incomplete)
___ Yes

REQUIRED FEE

		Amount Included
___ Zoning Map Amendment	\$300 plus \$250 per each acre or portion thereof; plus associated printing costs	_____
___ Zoning Regulation Amendment	\$300 plus associated printing costs	_____
✓ All applications require an additional \$60 State Fee		<u>\$60.00</u>

NOTICE REQUIREMENTS

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

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

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.

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

Owner Name (please print)

Owner Signature

Date: _____

Applicant Name (please print)

Applicant Signature

Date: _____