



CITY OF TORRINGTON

Planning & Zoning Commission

APPLICATION FOR CHANGE OF ZONING REGULATIONS

Fee: \$330 (including \$30 State tax)

Applicant: _____

Address: _____

Phone: _____ Fax: _____

Attorney or Agent: _____

Address: _____

Phone: _____ Fax: _____

Section of Regulation Proposed to be Amended or Added: (State clearly the proposed amendment or attach brief to this application)

Signature of Applicant or Agent: _____ **Date:** _____

FOR OFFICE USE ONLY

Application Fee Paid: _____

Date of Public Hearing: _____

Date of Decision: _____

Action Taken: _____