



CITY OF TORRINGTON

PLANNING & ZONING COMMISSION

APPLICATION FOR CHANGE OF ZONING MAP

Fee: \$360 (including \$60 State tax)

Location of Property: (When no address is available, indicate distance from nearest intersection and side of road)

Assessor's Map _____ Block _____ Lot _____

Present Zone _____ Proposed Zone _____

Area of Property _____

Is this parcel within 500 feet of another municipality? _____ Yes _____ No

Is there a conservation or preservation restriction on the property? _____ Yes _____ No

If "Yes" applicant must notify the holder of the land restriction regarding the application by certified mail, return receipt requested, no later than 60 days prior to the filing of the application. In lieu of such notice the applicant may submit a letter from the holder of such restriction (or their agent) verifying that the application is in compliance with the terms of the restriction.

Applicant: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of Applicant: _____ **Date:** _____

Owner: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of Owner: _____ **Date:** _____

Six copies of a certified survey map of the property and a copy of the legal description of such property must be submitted with this application.

FOR OFFICE USE ONLY

(Revised 3/14)

Application Fee Paid: _____

Date of Public Hearing: _____

Date of Decision: _____

Action Taken: _____