



P&ZC Application No. _____

**PLANNING & ZONING COMMISSION
TOWN OF COLCHESTER, CONNECTICUT
APPLICATION FOR REGULATION CHANGE**

This application form, applicable fee(s), a written statement of rationale for the proposed regulation change(s), five (5) copies of the proposed regulation change(s) and all required supporting documentation shall be submitted to the Planning & Zoning Commission Office no later than noon (12:00P) on the Monday before the next regularly scheduled meeting (the first and third Wednesday of the month excepting Holiday periods). Public Hearing is required.

NAME OF APPLICANT: _____
(Please Print)

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

PROPOSING CHANGE(S) TO THE FOLLOWING REGULATIONS (Check all that apply):

___ ZONING REGULATIONS ___ SUBDIVISION REGULATIONS

___ PLAN OF CONSERVATION & DEVELOPMENT

BRIEF DESCRIPTION OF PROPOSED CHANGE(S): _____

STATEMENT OF RATIONALE FOR PROPOSED REGULATION CHANGE(S): ATTACH SEPARATE PAGE(S)

REGULATION TEXT: ATTACH SEPARATE PAGE(S)

REQUIRED TEXT FORMATTING FOR ALL REGULATION AMENDMENT SUBMISSIONS:

Existing regulation text to remain shall be in plain font, no italics, no bold, no underline: Text to remain

Existing regulation text to be omitted or deleted shall be shown with a strike-through: ~~Text to be deleted~~

Proposed regulation text to be added shall be shown in bold with underline. **Text to be added**

ATTORNEY OR AGENT FOR APPLICANT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

CONTACT PERSON TO WHOM CORRESPONDENCE AND INQUIRIES SHOULD BE DIRECTED:

NAME: _____
(Please Print) (Firm Name, if Applicable)

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

APPLICANT(S) SIGNATURE DATE

FOR OFFICIAL USE ONLY BELOW THIS LINE

DATE APPLICATION SUBMITTED: _____ P&ZC FEE PAID: \$ _____ CK# _____

DATE OF RECEIPT BY P&ZC: _____ PUBLIC HEARING START DATE: _____

PUBLIC HEARING END DATE: _____ DATE OF DECISION: _____

NOTICE OF DECISION PUBLISHED: _____ ENGINEERING REVIEW FEES PAID: _____