



P&ZC Application No. \_\_\_\_\_

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

This application form, applicable fee(s), five (5) sets of plans 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). The Applicant shall submit a copy of the Assessor's Map showing all properties and zoning districts within 500 feet of the subject property and a list of the names and addresses of the owners of all properties within 500 feet of the subject property. Public Hearing is required.

NAME OF APPLICANT: \_\_\_\_\_  
(Please Print)

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OWNER(S) OF RECORD: \_\_\_\_\_  
(Please Print)

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS OF SUBJECT PROPERTY (IES): \_\_\_\_\_

ASSESSOR'S MAP \_\_\_\_\_ LOT(S) \_\_\_\_\_

IS THIS PROPERTY WHOLLY OR PARTIALLY LOCATED IN ANY OF THE FOLLOWING (Check all that apply):

- \_\_\_ AQUIFER PROTECTION AREA (APA)    \_\_\_ AQUIFER PROTECTION ZONE (APZ)
- \_\_\_ HISTORIC DISTRICT (HD)            \_\_\_ HISTORIC PRESERVATION OVERLAY ZONE (HPOZ)

EXISTING ZONING DISTRICT DESIGNATION(S): \_\_\_\_\_

PROPOSED ZONING DISTRICT DESIGNATION(S): \_\_\_\_\_

ENGINEER/SURVEYOR: \_\_\_\_\_ 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

\_\_\_\_\_  
OWNER(S) SIGNATURE                      DATE

**\*\* IF THE APPLICANT IS NOT THE RECORD OWNER, A SIGNED LETTER OF AUTHORIZATION MUST ACCOMPANY THIS APPLICATION \*\***

**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: \_\_\_\_\_