Petition to Amend the Zoning Regulations and/or Zoning Map

Town of New Milford Zoning Commission

Rev. 10/29/13

FOR OFFICE USE ONLY
DATE SUBMITTED:_____
FEE PAID: $_____ CK#_____

TYPE OF APPLICATION

☐ REGULATION AMENDMENT – CHANGE OF TEXT

☐ MAP AMENDMENT – CHANGE OF ZONE

PETITIONER/APPLICANT

Name: _____

Mailing Address:_____

City/State/Zip Code:_____

Phone:_____ Email:_____

Authorized Agent (If Different):_____

Mailing Address:_____

Phone:_____ Email:_____

REGULATION AMENDMENT – CHANGE OF TEXT

Section of the Regulations to be amended:_____

In addition to this completed application form and required fees, as set forth in Appendix B of the New Milford Zoning Regulations, the following must be submitted with a request for a change of text:

- Written statement signed by the applicant detailing why the text change is being proposed
- Eight (8) copies of the proposed text change; underline new language and [~~bracket and strike out language to be removed~~].
- Agent Letter of Authorization signed by the owner of record. Owner of record's original signature required. Faxed or scanned copies will not be accepted. (*if applicable*)

MAP AMENDMENT – CHANGE OF ZONE

Location:_____ Tax Map(s):_____

Property Owner:_____ Tax Lot(s):_____

Mailing Address:_____

Phone:_____ Email:_____

Current Zone:_____ Proposed Zone:_____

Reason for the proposed change in zone:_____

_____

In addition to this completed application form and required fees, as set forth in Appendix B of the New Milford Zoning Regulations, the following must be submitted with a request for a change of zone:

- Eight (8) copies of an A-2 survey depicting the boundaries of the proposed zone change with a listing of the property owners of record within a 500 foot radius of the subject property. (*Refer to Section 200-020 of the New Milford Zoning Regulations for additional information. Maps must be folded, not rolled)*.

One (1) copy of <u>each</u> of the following:

- Written statement signed by the applicant detailing the requested change
- Name(s) and address(s) of owners of record, as of the date of application submission, of all abutting property owners and those directly across the street from the subject property (*obtain from the Tax Assessor's office*)
- Schedule A – Legal Description of the property(s) (*obtain from the Town Clerk's office*)
- Agent Letter of Authorization signed by the owner of record. Owner of record's original signature required. Faxed or scanned copies will not be accepted (*if applicable*)

Please see section 200-030 of the Zoning Regulations for Public Hearing Notice Requirements.

<u>SCHEDULE OF FEES</u> *Checks are made payable to the Town of New Milford*

Regulation Amendment	$250.00	$_____
	$ 60.00 State of CT Land Use Fee	$_____
	$ 30.00 Publication Costs	$_____
Map Amendment	$300.00	$_____
	$ 60.00 State of CT Land Use Fee	$_____
	Total fee submitted	$_____

<u>SIGNATURES (*MUST BE ORIGINAL INK, NOT SCANNED OR FAXED*)</u>

The applicant understands that this application is considered complete only when all information and documents required have been submitted and the fee paid. The applicant or their agent must be present for the meeting at which their application will be heard.

_____ _____
Applicant Signature Date

_____
Printed Name

_____ _____
Owner of Record Signature (*If Different From Applicant*) Date

_____
Printed Name

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Zoning Department
10 Main Street, New Milford, CT 06776

Email: zoning@newmilford.org
Phone: 860-355-6095