	I TO AMEND THE ZONING MAP AND/OR REGULATIONS	5
TOWN OF EAS	TWINDSOR Planning and Zoning Application # 	
Planning & Zoning Departm	ent ♦ Town Hall ♦ 11 Rye Street Broad Brook, Connecticut 06016 ♦ (860)-623-6030 Fax (860)-623	-4798
Application Type:	[CHECK ONE OR MORE OF THE FOLLOWING]	
	Check one of the following] One Change/Map Change b. O Text Amendment	
🛛 <u>Other App</u>	lications: (explain)	
Note: In accordance wi	th Connecticut General Statutes, Section 8-7c, applicant shall provide disclosure of	all
names of individu	uals affiliated with Trusts, LLPs and LLCs.	
	Phone ()	
	pplicant) Phone ()	
Owner Address: (ma Who will be represe	^{illing)}	elow.
Owner Address: (ma Who will be represe	iling)	elow.
Owner Address: (ma Who will be represent Name: Phone () Complete all of the fo	^{illing)}	elow.
Owner Address: (ma Who will be represent Name: Phone () Complete all of the for • Property Address/loc • Assessor's Map No. • How many propertie	enting this application? List the contact person for staff inquiries b Cell/Pager Fax () E-mail following information on the subject property: (please attach copy of Assessor's St eation of proposed activity: (#/street) Í Block No Lot No s are being rezoned?	elow.
Owner Address: (ma Who will be represent Name: Phone () Complete all of the for • Property Address/loc • Assessor's Map No. • How many propertie • What is the current of • Is a Referral necessor • Is the property within	enting this application? List the contact person for staff inquiries b Cell/Pager Fax () E-mail following information on the subject property: (please attach copy of Assessor's St eation of proposed activity: (#/street) Í Block No Lot No	elow.
Owner Address: (ma Who will be represent Name: Phone () Complete all of the for • Property Address/loc • Assessor's Map No. • How many propertie • What is the current • Is a Referral necessa • Is the property within • What is the intended	illing) enting this application? List the contact person for staff inquiries b	elow.

*****This application is not valid unless the property owner signs on back of this form.

PETITION TO AMEND THE ZONING MAP AND/OR REGULATIONS

If any of the following facilities are within 1000 feet of any boundary of the proposed zone change, indicate the name and address of the facility and the distance to the boundary.

Attach ten (10) copies of the zone change map. Such map must be prepared by a land surveyor registered in the State of Connecticut, and conform to the Class "d" requirements of the "Code of Recommended Practice for Standards of Accuracy for Maps" of the Connecticut Technical Council, Inc.; the East Windsor Planning and Zoning Commission may require that such map conform to Class "A-2" accuracy of the "code" if the Class "D" survey is determined to be inadequate to make a reasonable decision.

The map shall be 24" X 36", and shall be of a scale appropriate to the size of the parcel(s) being changed. The map shall show at a minimum: (check when complete)

- □ Delineation of the area to be changed with existing and proposed zoning designations, boundaries and property lines within a clearly visible 500 foot radius of the proposed zone boundary.
- A list of all owners of record of the properties or portion(s) of properties proposed to be changed. (From current Assessor's Records)
- A calculation of the area of the portion of each parcel that is within the 500 foot radius.
- □ A key map at a scale of 1"=1000', depicting existing zoning within one half mile of the proposed zone boundaries.

Attach ten (10) copies of a written "Statement of Justification" for the proposed Map Amendment. Such statement shall address the approval considerations pertinent to a map amendment contained in the Zoning Regulations.

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The undersigned hereby permits town staff and commission members to enter onto and inspect this site during reasonable hours for the purpose of reviewing this application and accompanying plans. I hereby depose and say that all of the above statements as well as the statement and representations contained in all supporting documents herewith are true.

Applicant's Signature	Date	OWNER'S SIGNATURE (IF NOT APPLICANT)	DATE	
OWNER'S SIGNATURE (if not applicant)	DATE		
FOR OFFICE USE ONL	Y This application wa	as received at the East Windsor Planning D	epartment on:	
Date	Fee Paid: \$		Check #	