

TOWN OF EAST WINDSOR ♦ Planning and Zoning Application #

Application Type: [CHECK ONE OR MORE OF THE FOLLOWING]

a. ☐ Zone Change/Map Change b. ☐ Text Amendment

***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.

Schools? _____
Churches? _____
Public Buildings? _____
Playgrounds/Parks? _____
Hospitals/Medical Care Facilities? _____
Daycare Facilities? _____

➡ **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.



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 ONLY This application was received at the East Windsor Planning Department on:
Date _____ Fee Paid: \$ _____ Check # _____
