ZC _____

APPLICATION FOR APPROVAL ZONING REGULATIONS OR BOUNDARIES

TOWN OF GRISWOLD
PLANNING & ZONING COMMISSION

Pursuant to the Griswold Zoning Regulations, this application form together with ten (10) copies of the proposed zone Text Change or Zone Boundary Change plan and the required fee shall be submitted to the Planning & Zoning Commission at least ten (10) business days prior to the next regularly scheduled meeting of the Planning & Zoning Commission. Regular Meetings of the Planning & Zoning Commission are generally held on the second Monday of each month.

Fee Schedule:	Text Amendment Flat Fee	$375 plus $60 State Fee
	Map Amendment Flat Fee	$400 1 to 14 acres plus $60 State Fee
	Map Amendment*	$600 15 or more acres plus $60 State Fee

PZC Commission may reduce the map amendment fee to the flat fee if the requested zone change is for a less intensive zone

To be completed by the applicant(s). Please print or type:

1, Name of Applicant: _____

2. Mailing Address of Applicant: _____
No. Street Name Town/City State Zip

3. Name of Property Owner (if different from Applicant): _____

4. Telephone No: _____
Applicant Property Owner Engineer/Surveyor

5. Property Address:: _____
No. Street Name

6. _____
Map(s) Block(s) Lot(s) Volume(s) Page(s)

7. Description of Proposed Change: _____

8. Purpose of Proposed Change _____

9. A. Property is Currently Zoned _____

B. Proposed Zone Changed to: _____

C. Total Area of Property to be rezoned _____ **acres** **OR**

D. Proposed Zoning Regulation Section Number(s) to be Amended: _____

Under the penalty of revocation of this permit by the issuing authority, I declare that I have examined this application and the documents submitted in support thereof and, to the best of my knowledge and belief, they are true, correct and complete.

10. Signature of Applicant: _____ Date: _____

11. Signature of Property Owner: _____ Date: _____

LETTER OF AUTHORIZATION IS REQUIRED FROM THE PROPERTY OWNER IF THE APPLICANT IS NOT THE PROPERTY OWNER.

TO BE COMPLETED BY THE PLANNING & ZONING COMMISSION:

Date of Submission: _____ Fee Paid: $ _____ Date: _____

Date of Receipt _____ Date of Public Hearing: _____

Date of Commission Action _____ Action Taken: _____

Reason(s) for Action Taken: _____

Signature: _____ Date: _____