## EAST HARTFORD PLANNING AND ZONING COMMISSION ZONE CHANGE APPLICATION

Date

The undersigned applicant hereby petitions the Town Planning and Zoning Commission to hold a public hearing to hear and consider the proposal to change the zone from				
Address or location of subject parcel(s):				
Assessor's Map # and Lot #:				
Size of subject parcel(s) in square feet/acres:				
Description of existing and proposed use of land and buildings in zone change area:				
How will proposed Zone Change relate to the adopted Plan of Development?				
This Zone Change will be of benefit to the Town of East Hartford for the following reasons:				
<u>APPLICANT</u> (If more than one, list on a separate sheet)				
Name:				
Address:				
Email				
Telephone: (Work)(Home)				
Signature: Check One: ( ) Owner ( ) Optionee ( ) Buyer ( ) Agen				
<u>OWNER(S) OF RECORD</u> (If other than applicant) (If more than one, list on separate sheet)				
Name:				
Address:				
Telephone : (Work) (Home)				
Signature:				

The undersigned owner(s) of the property/properties for which this application is filed hereby authorize(s) the Planning and Zoning Commission or their agents to enter upon the property/properties covered by this application for the purposes of inspection at any reasonable hours.				
Date	Signature of Owner			
incomplete material or inf Planning and Zoning Com	petitioner(s) understand that the submission of inaccurate or formation shall be grounds for denial of this application by the mission and that a Public Hearing sign must be posted on the in the East Hartford Zoning Regulations, Section 714,			
Date	Signature of Petitioner			
of the boundary of the pr	property owners located within a five hundred (500) foot radius oposed zone change area according to the latest records of the Office (use additional sheets if needed)			

**Application Fee: \$260.00 (includes \$60.00 State Fee P. A. 92-235)** 

## EAST HARTFORD PLANNING AND ZONING COMMISSION ZONE CHANGE APPLICATION

## **SIGN AFFIDAVIT**

Address/location of subject parcel(s):					
Zone (	Change from		to		
	ant Name(s):				
	S) RECEIVED BY				
`		Signature	Date Date		
714	signs which indicate filed for the area on shall be erected and public or private stre posted until the first	that an application for which the sign or signs maintained by the applet from the day that the secular day following that apply to the Planning d.	he applicant shall display a sign a change of zoning district has have been posted. Said sign or icant wherever the parcel abuts he notice of public hearing has b the public hearing. The require ag and Zoning Commission of the	been signs s each een ments	
		Signature	of Applicant		
		Date			
Witnes					

## ZONE CHANGE APPLICATION CHECKLIST

Applicant:

Phone #				
Complete compliance with the application requirements enumerated in Section 713 of the Zoning Regulations is required. A checklist for the basic items of submission is given below. One checklist should be submitted with the original application form filed with the Department of Development. Please note below the items that have been submitted with your application.				
	(PLEASE MARK $\underline{\mathbf{X}}$ IF ITEM IS COMPLETE)			
1.	$\underline{20}$ COPIES of the completed application, which includes the following:			
	a) Applicant's signature on Page 2			
	b) Owner's signature on Page 1 & 2			
	c) Names and addresses of all property owners within 500 feet of the boundaries of the proposed zone change keyed to map showing all property lines within this area			
2.	\$260.00 application fee (includes \$60.00 State Fee P.A. 92-235)			
3.	20 copies of the Sectional Zoning map which indicates in color the boundaries of the proposed zone change			
<b>1</b> .	20 copies of an accurate, certified site plan			
5.	The location of designated regulated areas including Inland Wetlands and Flood Hazard Zones			
5.	One complete set of application and maps which the applicant must file with the Town Clerk on or before the application close-out date.			