

PLANNING AND ZONING DEPARTMENT

MUNICIPAL CENTER, 196 NORTH MAIN STREET
SOUTHINGTON, CONNECTICUT 06489
PHONE (860) 276-6248



FEE: See fee schedule

Z.C. # _____

PETITION TO CHANGE A ZONING DISTRICT BOUNDARY(IES)

The undersigned petitions the Southington Planning and Zoning Commission to grant a change in one or more zoning district boundaries.

Current Zone: _____

Proposed Zone: _____

Description of area where zoning district boundary is proposed:

Map _____ Parcel _____

Property address: _____

Provide metes and bounds description of area where zoning district boundary is proposed: (use separate sheet if necessary)

Is any portion of the proposed boundaries within 500 feet of a Town boundary?

_____yes _____no

Reason for desired change: _____

NOTE: This petition requires notification of all property owners within a 500 foot radius of the change area and a public hearing. See Section 14-03 for the responsibilities of the petitioner. Please include 7 copies of the 500 foot radius map and one copy of the boundary change map reduced to 8 1/2 x 11 inches.

Date: _____ Signature of petitioner: _____

Print name: _____

Mailing address: _____

Telephone: _____