



P&Z #:

TOWN OF TOLLAND APPLICATION TO AMEND ZONING MAP

For each parcel subject to your request, please provide the following information (attach additional sheets for additional parcels if necessary):

	Parcel 1	Parcel 2
Address:		
Map/Block/Lot:		
Owner:		
Acreage:		
Current Zone:		
Proposed Zone:		

Describe the reason for your request:

Describe how this request is consistent with the Tolland Plan of Conservation and Development:

Applicant Information

Applicant Name: _____
Mailing Address: _____
Phone Number: _____ Email Address: _____

All of the above statements and the statements contained in any documents and plans submitted herewith are true to the best of my knowledge:

Applicant Signature: _____ Date: _____

(Over)

Please note:

- 1. If also proposing to amend regulations, a separate Regulation Amendment Form and fee must be submitted.
- 2. Please see additional submittal requirements in Section 20-7.A of the Zoning Regulations.
- 3. The fee in the amount of \$300.00 plus \$60 State fee must be submitted to be considered a complete application.

OFFICE USE ONLY

Fee Amount:	_____	Approved:	_____
Form of Payment:	_____	Approval Date:	_____
Date Submitted: (stamp)		Effective Date:	_____