

PETITION TO AMEND THE ZONING MAP AND/OR REGULATIONS

TOWN OF UNION

Planning and Zoning Application #

1043 Buckley Highway, Union, CT 06076

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

Petition: [CHECK ONE OF THE FOLLOWING]

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

Other Applications: (EXPLAIN) _____

Note: In accordance with Connecticut General Statutes, Section 8-7c, applicant shall provide disclosure of all names of individuals affiliated with Trusts, LLPs and LLCs.

Applicant Name: _____ Phone () _____

Address: (mailing) _____



***Owner Name:** (if not applicant) _____ Phone () _____

Owner Address: (mailing) _____

Who will be representing this application? List the contact person for staff inquiries below.

Name: _____

Phone () _____ **Cell/Pager** _____ **Fax** () _____ **E-mail** _____

Complete all of the following information on the subject property:

⇒ Property Address/location of proposed activity: (#/street) _____

⇒ Assessor's Map No. _____ ⇒ Block No. _____ ⇒ Lot No. _____

⇒ How many properties are being rezoned _____

⇒ What is the current zoning district for each parcel? _____ ⇒ Proposed zoning district? _____

⇒ Is the property within 500' of an adjoining municipality? Yes No

⇒ What is the intended future use of the properties if rezoned? _____

⇒ How is the proposed zone change consistent with the Plan of Conservation and Development (2010) _____

⇒ How will this zone change benefit the town? _____

⇒ What purpose will it serve to make this change? _____

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⇒ 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? _____
- Daycare Facilities? _____

⇒ **Attach two (2) copies of the zone change map.**

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)

⇒ **Attach two (2) 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

FOR OFFICE USE ONLY

This application was received on: **Date** _____

Fee Paid: \$ _____

Check # _____