CITY OF NEW LONDON
CONNECTICUT
OFFICE OF DEVELOPMENT & PLANNING
Planning, Zoning, & Wetlands Division

181 State Street
New London CT
06320
(860) 437-6379
(860) 437-4467 FAX

-ZONE MAP AMENDMENT-
-APPLICATION-
Planning & Zoning Commission-

APPLICATION FEES $360 + $45 per Public Hearing Sign (one per parcel)

Applications and all supporting materials (**18 COPIES/SETS OF EACH PLUS THE ORIGINAL**) shall be submitted to the Office of Development and Planning at least twenty (20) days prior to a regularly scheduled meeting in order to be received at that meeting.

Please be advised that this application will not be considered complete unless all of the information required on this form and in the regulations are submitted. The Commission will reject the proposal if the application or plans are incomplete.

1. _____
Street Address (es) of Proposed Zone Map Change

2. Briefly describe the proposed Zone Map Amendment:
_____
_____
_____
_____

3. _____
Tax Map/Block/Lot Lot Area Zoning District

4. Is the property located within 500 feet of the City Line? □ YES □ NO

5. Is any portion of the site within the Coastal Area Management Boundary? □ YES □ NO

6. Attach a letter addressed to the Planning and Zoning Commission that thoroughly describes the purpose of the Zone Map Amendment.

7. The following information should also be included:
   - ❑ Location map (500' scale)
   - ❑ A map showing the current zone & the proposed zone

The undersigned hereby acknowledges that this application and statements submitted herewith are true to the best of his/her knowledge and conform to the Zoning Regulations of the City of New London and that approval of the plan is contingent upon compliance with all requirements of said regulations. The undersigned hereby authorizes the New London Planning & Zoning Commission and its agents, the right to enter upon the subject property for the purpose of inspection and enforcement of the Zoning and Subdivision Regulations. <u>ALL NAMES MUST BE PRINTED AND SIGNED.</u>

APPLICANT (PRINT)/ ***(If a Corporation – Please Print Name of Member Representing Corporation)***

MAILING ADDRESS EMAIL ADDRESS

TOWN/CITY STATE ZIP PHONE NUMBER

APPLICANT'S SIGNATURE DATE

AGENT (PRINT)

MAILING ADDRESS EMAIL ADDRESS

TOWN/CITY STATE ZIP PHONE NUMBER

AGENT'S SIGNATURE DATE

PROPERTY OWNER (PRINT)

MAILING ADDRESS EMAIL ADDRESS

TOWN/CITY STATE ZIP PHONE NUMBER

PROPERTY OWNERS SIGNATURE DATE

Upon penalty of perjury, I represent by this signature that I have the consent, authority and agreement of all other owners of the involved properties to submit this application.

PROPERTY OWNERS SIGNATURE DATE

Upon penalty of perjury, I represent by this signature that I have the consent, authority and agreement of all other owners of the involved properties to submit this application.