APPLICATION FOR CHANGE OF ZONING REGULATIONS OR BOUNDARIES

Planning & Zoning Commission
Sprague, Connecticut

No. ____________________________ Date: ____________________________

To be completed by Applicant:

Name of Applicant: ___________________________________________________________
Mailing Address: ___________________________________________________________
Phone Number: __________________________ Email: ____________________________
Name of Owner of Record: _____________________________________________________
Mailing Address: ___________________________________________________________

Description of and purpose for proposed change (In addition to a written description, the applicant shall submit a map clearly showing the boundaries of the proposed change when the change involves a zoning district boundary and shall meet the notification requirements of Section 19.1.2 of the Sprague Zoning Regulations.)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature of Applicant: ____________________________ Date: ____________________________
Signature of Owner: ____________________________ Date: ____________________________
(If different than Applicant)

To be completed by Commission:

Date of Submission: ____________________________ Fee Paid: $___________________
Date of Receipt: ____________________________ Date of Public Hearing: ____________________________
Date of Action: ____________________________ Approved: ____________ Denied: ____________
Reasons for approval: ________________________________________________________________

Signature: _______________________________________________________________________

Revised 7/01/19