TOWN OF EAST GRANBY

PLANNING DEPARTMENT
9 CENTER ST
EAST GRANBY, CONNECTICUT 06026
PHONE 1-860-413-3331 FAX 1-860-653-4017

Planning & Zoning Text Amendment Application

*File #:*_____

Application For: ☐ To amend the Zoning Regulations (includes Flood Regulations)
☐ To amend the Subdivision Regulations
☐ To amend the Plan of Conservation and Development (POCD)
☐ Other (Please Specify:_____)

Please Fill Out the Following Information Below

What Section(s) of the Ordinance or Regulation(s) is (are) affected by this proposal?

_____

What is the purpose of this petition?

_____

_____

_____

What is the consistency behind this petition in relation to the Town's Plan of Conservation and Development per CGS 8-3(b)?

_____

_____

Applicant's Name:_____

Applicant's Mailing Address: _____

Applicant's Phone Number (include ext): _____**Applicant's Email:** _____

Applicant's Representative:_____

Representative's Mailing Address:_____

Representative's Phone Number (include extension): _____

Representative's Email:_____

The undersigned hereby deposes and states that all of the above statements as well as the statements contained in all papers filed herewith are true.

☐ In cases where the Applicant is not the Commission or Town, I understand I must post a copy of my proposal with the East Granby Town Clerk per CGS 8-3 at a minimum of at least 10 days prior to the scheduled Public Hearing. I understand failure to meet this requirement will result in a delay of holding such public hearing and/or be deemed as an incomplete application. Once posted, I shall provide a date stamped copy of my petition proposal from the Town Clerk to the Planning Department.

Applicant Signature: _____ Date: _____

Printed Name: _____