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 Map Amendment Application (Zone Change)

File #: _____

Please Fill Out the Following Information Below

Property Address(es):_____

Current Zone(s):_____ **Proposed Zone(s):** _____

Current Use on-site(s): _____ **Total Acreage to be rezoned:** _____

What is the intended future use of the involved properties if rezoned? Please indicate below:

_____

_____

_____

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

_____

_____

_____

If any of the following facilities are within 1,000 feet of the subject parcel(s), indicate approximate distance, facility name, and facility address location in the Table below:

Schools?		Public Buildings?	
Churches?		Parks/Playgrounds?	
Daycares?		Theaters/Meeting Halls?	

If the property(ies) have been the subject of recent applications, please include a list of those File #'s upon submission:

☐ YES, this was part of recent approval(s) and will include a list upon submission of this form.

☐ NO, site is either new and/or does not have recent approvals.

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:_____

Does the Applicant own the subject property? ☐ YES (attach copy of DEED)

☐ NO (provide information below and include a letter of Authorization)

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Owner's Name(s): _____

Owner's Principal Agent Name if Owner is Business entity: _____

Owner's Mailing Address: _____

Owner's Phone Number (include extension): _____

Owner's Email: _____

The undersigned hereby permits town staff and commission members to enter into 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 statements contained in all papers filed herewith are true.

☐ I have reviewed and acknowledged that my accompanying site plan includes a 500-foot radius line which is clearly identified on said plan or map showing all properties and current owners of record and all streets within and shall be labeled with accompanying street names.

☐ I acknowledge that my site plan shows the correct zone color designation as shown on the current effective Zoning Map of the Town of East Granby and that my plans include a North arrow, Legend, Scale of 200', and Date/Revision Date Block. I understand I may need to make revisions to my accompanying plan should the information not be correct.

☐ 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: _____