

PLANNING AND ZONING DEPARTMENT

MUNICIPAL CENTER, 196 NORTH MAIN STREET
SOUTHINGTON, CONNECTICUT 06489
PHONE (860) 276-6248



FEE: See fee schedule

Date: _____

Z.A. # _____

PETITION TO ENACT A ZONING REGULATION AMENDMENT OF TEXT

The undersigned respectfully petitions the Southington Planning and Zoning Commission to consider granting a change in the text of the Zoning Regulations.

Description of proposed amendment with all related subsection numbers. Show existing text in upper and lower case and show proposed additions in all upper case letters or underlined numbers. Proposed deletions should be enclosed within double parentheses.

Is any zoning district potentially impacted by this proposed amendment within 500 feet of a Town boundary?
_____yes _____no

Reason for desired amendment: _____

Applicant:

Agent:

Name

Name

mailing address

mailing address

phone # fax #

phone # fax #

email
applicant signature: _____

email