

# PLANNING AND ZONING DEPARTMENT

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



FEE: See fee schedule

Z.C. # \_\_\_\_\_

## PETITION TO CHANGE A ZONING DISTRICT BOUNDARY(IES)

The undersigned petitions the Southington Planning and Zoning Commission to grant a change in one or more zoning district boundaries.

Current Zone: \_\_\_\_\_ Proposed Zone: \_\_\_\_\_

Description of area where zoning district boundary is proposed:

Map \_\_\_\_\_ Parcel \_\_\_\_\_

Property address: \_\_\_\_\_

Provide metes and bounds description of area where zoning district boundary is proposed: (use separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Is any portion of the proposed boundaries within 500 feet of a Town boundary?

\_\_\_\_\_yes \_\_\_\_\_no

Reason for desired change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOTE: This petition requires notification of all property owners within a 500 foot radius of the change area and a public hearing. See Section 8.F for the responsibilities of the petitioner. Please include 7 copies of the 500 foot radius map and one copy of the boundary change map reduced to 8 1/2 x 11 inches.

Date: \_\_\_\_\_ Signature of petitioner: \_\_\_\_\_

Print name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_

P:\P & Z forms\zoning district boundary change application form.doc

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