



Application for Zone/Regulation Change

Application Number: <input style="width: 90%;" type="text"/>	Receipt Date: <input style="width: 90%;" type="text"/>
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Applicant Information:

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ Fax: _____ E-mail: _____

This application related to the following change:

Change in existing regulations

Change of boundaries of existing zoning map

FOR A CHANGE IN REGULATIONS

A. Identify the section of the regulations to be deleted:

B. Identify the section of the regulation to be modified or added to:

C. What is the proposed modification or addition to the regulations:

Is this change a change in the list of permitted uses: Yes No

Is the zone of the use change within 500 feet of another town Boundary? Yes No

FOR A CHANGE IN THE BOUNDARY MAP

A. Submit a copy of the existing zone boundary map.

B. Submit a map of the proposed change in the zone boundary map using the same scale as the Zoning Map.

Date

Signature (Applicant)