



# TOWN OF NORTH BRANFORD

TOWN HALL 909 FOXON ROAD NORTH BRANFORD, CONNECTICUT 06471-1290  
Building Department (203) 484-6008 Engineering Department (203) 484-6009  
Planning & Zoning (203) 484-6010  
Department Fax (203) 484-6018

## MAP OR TEXT AMENDMENT

### APPLICATION TO THE

### PLANNING & ZONING COMMISSION

#### INSTRUCTIONS:

**Submit** the following:

1. Completed Application Form: 1 original and 9 copies
2. Fee: Check made payable to the Town of North Branford (see attached fee schedule).

#### For Map Amendments (in addition to the above):

3. Site Plan/Plot Plan: 10 copies drawn to scale
  - a. 1" = 50' showing existing and proposed zoning district boundary lines;
  - b. area of proposed change and all area in Town of North Branford within 500 feet of the proposed change, including owner of each lot and Assessor's Map & Parcel #, and for change area existing contours at an interval not exceeding 5 feet;
  - c. metes & bounds description of the area proposed to be changed.
4. Certified receipts for abutters (submit prior to meeting).

#### APPLICANT MUST:

1. **NOTIFY** the Regional Water Authority if your property falls within the watershed area within seven (7) days of application to the Town. Application to the RWA is attached. Submit copy to the Planning office also.

#### For Map Amendments (in addition to the above):

2. **POST** "Public Hearing Sign" *fifteen (15) days* prior to the meeting (sign provided to you by the Town).
3. **MAIL** abutters notices (via certified mail) at least *fifteen (15) days* prior to the meeting (see sample attached). Verify owner info is correct on list prior to mailing letters.
4. **RETURN** certified receipts to the Planning Office prior to the meeting.

TOWN OF NORTH BRANFORD  
PLANNING & ZONING COMMISSION

Appl. # \_\_\_\_\_  
Submission Date: \_\_\_\_\_  
Date of Receipt: \_\_\_\_\_  
Fee: \_\_\_\_\_

Circle One:

**AMENDMENT TO ZONING REGULATIONS**

**AMENDMENT TO ZONING MAP**

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**For TEXT CHANGES, please supply information below:**

Section of Zoning Regulations to Amend: \_\_\_\_\_

Full Text of the Proposed Amendment: \_\_\_\_\_

(May attach a separate sheet if necessary)

**For MAP CHANGES, please supply additional information below:**

Address of Property: \_\_\_\_\_

Assessor's Map No: \_\_\_\_\_ Lot #: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Has a previous zone change been requested for this property? \_\_\_\_\_  
If so, when? \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**ALL APPLICATIONS SHALL ADHERE TO THE FOLLOWING:**

1. **SUBMISSION REQUIREMENTS** include a complete and comprehensive statement of the reasons for any proposed change, including any special interest the Applicant(s) may have in such change.

2. **ADJOINING MUNICIPALITIES:** Applications affecting sites within 500 feet of, or affecting, an adjacent municipality require notification to that municipality and to the regional planning agency.

Site is within 500 feet of an adjoining municipality.  
 Site is not within 500 feet and will not impact any adjacent municipality.

3. **REGIONAL WATER AUTHORITY (RWA) NOTIFICATION:** The applicant must provide written notice to the RWA and to the East Shore District Health Department (ESDHD) when any application is within the watershed of the RWA.

Project is not within watershed of the RWA.  
 Project is within the RWA's watershed and the RWA and ESDHD have been notified.

**SIGNATURES REQUIRED ON THIS APPLICATION:**

The following is the legal agreement regarding this application which must be signed by the applicant and by all property owners of property for which a zoning map change is requested.

*The undersigned hereby applies for approval of the foregoing Regulation Amendment and/or Zoning Map Change and declares that the statements contained in this application and in all documents and/or drawings submitted as part of the same are, to the best of his/her knowledge and belief, true and accurate as presented.*

*APPLICANT(S):*

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signature	print name	date
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signature	print name	date
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*OWNER(S):*

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signature	print name	date
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signature	print name	date
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