

TOWN OF NORFOLK
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Permit # _____
Fee Paid: \$ _____
State of CT Fee: \$ _____
Check #: _____
Date Paid: _____

**PETITION FOR TEXT AMENDMENT TO
ZONING OR SUBDIVISION REGULATIONS**

This petition is for an amendment to the ____ Zoning or ____ Subdivision Regulations

Name of Applicant: _____

Address: _____

Telephone: _____ email: _____

Zoning or Subdivision Regulation: _____

Zoning districts affected: _____

Please rewrite the entire section of the proposed amendment with deletions in [brackets] and proposed additions underlined:

Attach additional pages if necessary.

Please explain purpose or intent for this proposed amendment:

Please explain how this amendment will improve the current regulation: _____

Please explain how this amendment complies with the Town Plan of Conservation & Development:

Does this amendment affect any property within 500 feet of an adjoining municipality?

If yes, please specify: _____

Applicant's Signature

Date

OFFICIAL USE ONLY

Date Application Received: _____ by: _____

Date of Public Hearing: _____

Legal Notice/Application filed with Town Clerk: _____

Dates of Publication: _____ Sent to newspaper: _____

Public Hearing to be closed no later than: _____

Public Hearing continued to: _____ Public Hearing closed: _____

Decision to be made no later than: _____

Notice of Decision to: Town Clerk _____ Newspaper _____ Applicant _____