

TOWN OF NORFOLK
19 Maple Avenue, P.O. Box 552
Norfolk, CT 06058-0552
Phone: 860-542-6804 Fax: 860-542-5876
email: mhalloran@norfolkct.org

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

APPLICATION FOR ZONE CHANGE

Property Location(s): _____ MBLU: _____

_____ MBLU: _____

(attach list of additional parcels if applicable)

Proposed Zone Change from: _____ to _____

Record Owner(s) of Property: _____

Mailing Address: _____

Telephone No. (_____) _____ email: _____

Record Owner(s) of Property: _____

Mailing Address: _____

Telephone No. (_____) _____ email: _____

(attach list of additional owner information if applicable)

Name of Applicant: _____

(if different than owner or record)

Mailing Address: _____

(if different than owner of record)

Telephone No. (_____) _____ email: _____

Reason for Proposed Change: _____

Please describe compliance with the Plan of Conservation and Development: _____

Is any portion of this property within 500 feet of the boundary of an adjoining municipality? _____

Names and mailing addresses of all abutting property owners within 100' of this property:

(Attach a separate sheet if necessary)

1. _____
2. _____
3. _____
4. _____
5. _____

The following must accompany this application:

- Two (2) copies of a 11x17' map, to scale, indicating:
 - the location and dimensions of all properties applying for zone change
 - the existing and proposed buildings or other structures on the property
 - the abutting property owners and current zone(s)
 - the location of all properties applying for zone change in relation to public and/or private streets, and/or other compatible structures and/or uses.
- A drawing or photograph of the sign required to be posted per Section 8.09H
- Application fee

Please also refer to Section 8.06 and 8.09 of Norfolk's Zoning regulations for additional information.

Upon approval of this application and following the statutory 15 day appeal period following publication of a legal notice, the applicant shall file a mylar copy of the map at an appropriate scale (such as 1' = 40') prepared and signed by a Connecticut licensed land surveyor in the Norfolk Land Records in order for this zone change to become effective. Applicant will be responsible for payment of filing fees.

I do hereby declare under penalty of law that the above information is complete and accurate to the best of my knowledge and belief.

Original Signature(s) OR Letter of authorization from the owner(s) with an original signature to a designated agent required.

Owner's Signature	Print Name	Date
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Owner's Signature	Print Name	Date
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Applicant's Signature (if different)	Print Name	Date
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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 _____

Filed by Applicant: _____

March, 2021