



PLANNING AND ZONING COMMISSION
ZONE CHANGE REQUEST

APPLICANT Name _____
Address _____
Telephone _____ Fax _____

OWNER (IF NOT THE APPLICANT)

Name _____
Address _____
Telephone _____

WITH THE SIGNING OF THIS APPLICATION, I GIVE MY CONSENT THAT ANY TOWN OFFICIAL AND/OR EMPLOYEE THAT THE TOWN DEEMS NECESSARY MAY ENTER MY PROPERTY TO VERIFY INFORMATION SUBMITTED FOR THIS APPLICATION.

Signature _____ Date _____

I hereby make application dated _____ requesting a zone change from the currently designated zone of _____ to _____ at

Lot No. _____ Block No. _____ Located on the

north south east west side of _____

street road avenue other (_____)

_____ feet distant north south east west side

from the intersection of _____

street road avenue other (_____)

_____ street road avenue other (_____)

- Is the subject property within 500' of another municipality? _____

Attach fifteen copies of the map of the property and fifteen copies of the deed description.

CORRESPONDENCE SHOULD BE DIRECTED TO

Name _____

Address _____

Telephone _____ Fax _____

Email _____

FEE: \$250 plus \$60 for the State of Connecticut Solid Waste Management Fund
Note: One check made payable to "Town of Berlin" in the proper amount may be submitted.

Zoning Change Request Fee Paid	
\$ _____	_____
	Received by
State of Connecticut Solid Waste Management Fund Fee Paid	
\$ _____	_____
	Received by