



PLANNING AND ZONING COMMISSION
TOWN OF BRANFORD

1019 Main Street, Branford, CT 06405, Telephone: (203) 488-1255, FAX: (203) 315-2188

APPLICATION TO THE PLANNING & ZONING COMMISSION

For the following activity: (Check the Applicable Type of Application)

- Zoning Regulation Amendment
- Subdivision Regulation Amendment
- Zoning Map Amendment
- CGS 14-54 Location Approval

ADDRESS OF PROPERTY _____

TAX MAP _____ BLOCK _____ LOT _____ ZONING DISTRICT _____

PROPOSED USE _____

PLEASE SUBMIT WITH COMPLETED APPLICATION

1. Application fee. (See fee schedule)
2. Application materials as summarized in the Zoning Regulations or Subdivision Regulations as applicable.
3. If applicable, provide evidence that abutting property owners have been notified, per Section 9.14.G of the Zoning Regulations.

The undersigned states that information submitted with this application is true and correct to the best of his/her knowledge; acknowledges that any approval based on erroneous or incomplete information shall be null and void and that approval of the plan is contingent upon compliance with all requirements of said regulations. The undersigned hereby authorizes the Branford Planning & Zoning Commission and its agents, the right to enter upon their property for the purpose of inspection and enforcement of the Zoning and Subdivision Regulations. ALL NAMES MUST BE PRINTED AND SIGNED.

Owner _____ Applicant _____
PLEASE PRINT **PLEASE PRINT**

Address _____ Address _____

Phone _____ Phone _____

E-mail _____ E-mail _____

Fax _____ Fax _____

Signature _____ Signature _____

FOR OFFICE USE ONLY:

Receipt Date _____ Fee Paid _____

Approved/Denied by P&Z on _____ Application # _____