



**APPLICATION FOR CHANGE IN THE ZONING MAP OF STAMFORD, CONNECTICUT**

Complete, notarize, and forward twelve (12) copies to Clerk of the Zoning Board with a **\$500.00 Public Hearing Fee** and the required **\$350.00 Filing Fee**, payable to the City of Stamford. **NOTE:** Cost of required Public Hearing advertisements are payable by the Applicant and performance of mailing of required property owners is the sole responsibility of the applicant.

APPLICANT NAME (S): \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT PHONE #: \_\_\_\_\_

IS APPLICANT AN OWNER OF PROPERTY IN THE CITY OF STAMFORD? \_\_\_\_\_

PRESENT ZONING DISTRICT: \_\_\_\_\_ PROPOSED ZONING DISTRICT: \_\_\_\_\_

LOCATION OF PROPOSED CHANGE: (Give boundaries of each parcel in proposed change and indicate dimensions from nearest intersecting street. Also include Assessor's Card number and Town Clerk's Block number, and square footage of land. Attach four (4) copies of map showing area proposed for change.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST NAME AND ADDRESS OF THE OWNERS OF ALL LAND INCLUDED WITHIN THE PROPOSED CHANGE:  
NAME & ADDRESS LOCATION

ARE THERE DEED RESTRICTIONS THAT CONFLICT WITH THE PROPOSED ZONE DISTRICT FOR THIS PROPERTY?

\_\_\_\_\_  
 IF YES, LIST REFERENCE TO TOWN CLERK BOOK & PAGE #: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DOES ANY PORTION OF THE PREMISES AFFECTED BY THIS APPLICATION LIE WITHIN 500 FEET OF THE BORDER LINE WITH GREENWICH, DARIEN OR NEW CANAAN? \_\_\_\_\_ (If yes, notification must be sent to Town Clerk of neighboring community by registered mail within 7 days of receipt of application – PA 87-307).

DATED AT STAMFORD, CONNECTICUT, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

SIGNED: \_\_\_\_\_

**NOTE: The application cannot be scheduled for public hearing until 35 days have elapsed from the date of referral to the Stamford Planning Board. If applicant wishes to withdraw the application, this must be done in writing, and be received by the Zoning Board at least three (3) working days prior to public hearing in order to provide sufficient time to publicize the withdrawal. Applications withdrawn less than three (3) days prior to a schedule hearing date will not be rescheduled within 90 days.**

STATE OF CONNECTICUT  
 ss STAMFORD \_\_\_\_\_ 20\_\_\_\_\_  
 COUNTY OF FAIRFIELD

Personally appeared \_\_\_\_\_, signer of the foregoing application, who made oath to the truth of the contents thereof, before me.

\_\_\_\_\_  
 Notary Public - Commissioner of the Superior Court

**FOR OFFICE USE ONLY**

APPL. #: \_\_\_\_\_ Received in the office of the Zoning Board: Date: \_\_\_\_\_

By: \_\_\_\_\_