

**TOWN OF LITCHFIELD
PLANNING AND ZONING COMMISSION
APPLICATION FOR AMENDMENT TO ZONING REGULATIONS**

NAME AND ADDRESS OF APPLICANT: _____ _____ _____			
Phone: ()			
Date Received	Hearing Date:		

DESCRIPTION OF EXISTING REGULATION

Regulation Article No.:	
Regulation Section/subsection No.:	
Current permitted Zones:	
Current Title of Use:	
Current Type of Use:	
Current regulation language:	

DESCRIPTION OF PROPOSED AMENDMENT

Proposed Zones:	
Proposed Title of Use:	
Proposed Type of Use:	
Proposed regulation language:	
Signature of Applicant	Date

Fee for Changes to Zoning Regulations: \$500.00 (Note: Additional fees may be charged for outside consulting services)
All permit applications shall be subject to the current State of Connecticut DEP Environmental Quality Fund Fee in addition to the municipal fee.