

**TOWN OF LITCHFIELD  
PLANNING AND ZONING  
APPLICATION FOR CHANGE IN ZONE MAP**

NAME AND ADDRESS OF APPLICANT:		Names and addresses of property owners within 500 feet	
Phone: (    )			
Date Received	Hearing Date:	Action taken/date	Filing Date

**DESCRIPTION OF PROPERTY TO BE REZONED:**

Current Zone:		Zone Requested	
Area of tract to be rezoned:		Acres	
Existing Lots			
Existing Buildings, if any			
Map provided by Land Surveyor/Name:			
Map Date (6 copies & mylar)			
Name and Date of Map on Record, if any:			

**MAP DATA CHECKLIST**

Area affected?		Area of Inland Wetlands	
Area Adjacent within 500 feet?		Owners of all parcels	
Lots, Property lines, Streets		Delineation of proposed change area	
Application to Conservation Commission/Date:		Referral to Regional Planning Agency where applicable/Date:	
/ /			
<b>Signature of Applicant</b>	<b>Signature of Owner</b>	<b>Date</b>	

**Fee for Change in Zoning Districts:**

Boundary to become any new residential or multifamily zone	<b>\$750.00</b>
All other Zoning District Boundary Changes:	<b>\$300.00</b>

All permit applications shall be subject to the current State of Connecticut DEP Environmental Quality Fund Fee in addition to the municipal fee.