

<i>For Office Use Only</i>
APPLICATION NO. _____
DATE FILED: _____
DECISION DATE: _____
DECISION: _____

**BRISTOL ZONING COMMISSION  
CITY OF BRISTOL, CONNECTICUT  
APPLICATION FOR CHANGE OF ZONE**

The undersigned Applicant hereby petitions the Bristol Zoning Commission to hold a public hearing to hear and consider the proposed zone change requested herein for the Property described below.

Present zone of the Property: \_\_\_\_\_ Proposed zone of the Property: \_\_\_\_\_

Address or Location of the Property: \_\_\_\_\_

Assessor's Map No.: \_\_\_\_\_ Assessor's Lot No.(s): \_\_\_\_\_

Size of the Property (in acres or square feet): \_\_\_\_\_ Extension of a like zone?  yes  no

Minimum lot area requirement of the proposed zone: \_\_\_\_\_

Reason for the proposed zone change:

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

Other comments:

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

APPLICANT (If more than one, list on Page 2)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

CHECK ONE:  owner  other: \_\_\_\_\_

OWNER(S) OF RECORD (If other than Applicant; if more than one, list on Page 2)

Name: \_\_\_\_\_ Signature\*: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*not applicable for zone changes initiated by the Zoning Commission itself

**THIS APPLICATION MUST BE FILED IN PERSON NO LATER THAN 12 NOON ON THE DEADLINE DAY FOR APPLICATION SUBMISSION – NO EXCEPTIONS!**

**CITY OF BRISTOL, CONNECTICUT  
SUPPLEMENTARY INFORMATION**

*For Office Use Only*  
APPLICATION NO. \_\_\_\_\_

Address or location of property: \_\_\_\_\_

**ADDITIONAL INFORMATION/COMMENTS (click inside the box below and begin typing)**

**ADDITIONAL APPLICANT**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

CHECK ONE: [ ] owner [ ] other: \_\_\_\_\_

**ADDITIONAL OWNER(S) OF RECORD**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**(OPTIONAL) SEND COPIES OF ALL CORRESPONDENCE TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**BRISTOL ZONING COMMISSION  
CITY OF BRISTOL, CONNECTICUT  
APPLICATION FOR CHANGE OF ZONE**

**The following shall be included as part of this application:**

- filing fee – \$310 (includes \$60 State fee) *plus* \$100 per acre or portion thereof – make checks payable to "City of Bristol"
- four copies of a property map at a scale not greater than 1" = 100', prepared at a minimum in accordance with Class D survey standards as defined in the Code of Recommended Practice for Standards and Accuracy of Surveys and Maps, as prepared and adopted by the Connecticut Association of Land Surveyors, Inc., on September 13, 1984, and showing at a minimum:
  - the boundary lines, lot area and existing and proposed zones of the Property
  - the names of abutting property owners
  - a small key map showing the location of the Property relative to surrounding properties and streets