

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

**CITY OF BRISTOL, CONNECTICUT
APPLICATION FOR REVISION TO AN APPROVED SITE PLAN**

The undersigned Applicant hereby applies for approval of a revision to a previously approved Site Plan.

Address or Location of the Property: _____

Assessor's Map No.: _____ Assessor's Lot No.(s): _____ Zone of the Property: _____

Title of approved Site Plan: _____

Date of original Site Plan approval: _____

Nature of proposed revision:

Reason for proposed revision:

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: _____

The following shall be included as part of this application:

- filing fee – \$310 (includes \$60 State fee) – make checks payable to "City of Bristol"
- seven copies of the revised Site Plan
- any other data and drawings as may be required

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**

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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: _____