

<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: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature: _____ Signature – (Printed/Typed) _____

CHECK ONE: owner other (specify): _____

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

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature: _____ Signature – (Printed/Typed) _____

* 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**

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Address or location of property: _____

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

ADDITIONAL APPLICANT

Name: _____ CHECK ONE: [] owner [] other: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature: _____ Signature – (Printed/Typed) _____

ADDITIONAL OWNER(S) OF RECORD

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature: _____ Signature – (Printed/Typed) _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature: _____ Signature – (Printed/Typed) _____

(OPTIONAL) SEND COPIES OF ALL CORRESPONDENCE TO:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

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ADDITIONAL APPLICANT

Name: _____ CHECK ONE: [] owner [] other: _____

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Telephone No.: _____ E-Mail: _____

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ADDITIONAL OWNER(S) OF RECORD

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature: _____ Signature – (Printed/Typed) _____

Name: _____

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**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 paper copies and one digital copy 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