



**City of Groton, Connecticut**  
**Planning and Zoning Commission**

Municipal Building  
295 Meridian Street  
Groton, CT 06340  
(860) 446-4169  
(860) 446-4109 FAX

Application for Subdivision Regulation Amendment

APPLICANT NAME: \_\_\_\_\_  
APPLICANT ADDRESS: \_\_\_\_\_  
APPLICANT AGENT (If applicable): \_\_\_\_\_  
APPLICANT PHONE: \_\_\_\_\_  
OWNER NAME : \_\_\_\_\_ ZONE: \_\_\_\_\_

PROPOSED AMENDMENT(S): (Section, title, and text):

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

REASONS FOR AMENDMENT REQUEST(S)

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

SUBMIT 3 COPIES OF THIS APPLICATION AND ATTACHMENTS, ALONG WITH THE FOLLOWING:

Fee of \$250.00 plus \$60.00 State fee \_\_\_\_\_ (Payable to the City of Groton)

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_