City of Groton, Connecticut
Planning and Zoning Commission

Municipal Building
295 Meridian Street
Groton, CT 06340
(860) 446-4104
(860) 446-4109 FAX

Application for Zone Change

_____ Zone Change- Map Amendment* _____ Zone Change- Text Amendment

PROPERTY ADDRESS (if applicable):_____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE: _____ PIN#_____

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:

* For Map Amendment Applications, please provide location map of proposed zone change.

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: _____