

PETITION TO AMEND THE ZONING MAP AND/OR REGULATIONS

TOWN OF WESTBROOK



Zoning Application # _____

Westbrook Land Use Department ♦ 866 Boston Post Road ♦ Westbrook, Connecticut 06498 ♦ (860)-399-3091 Fax (860)-399-2084

Application Type: [CHECK ONE OR MORE OF THE FOLLOWING]

Petition [CHECK ONE OF THE FOLLOWING]

- Zone Classification Change/Map Change
- Zoning Regulation-Text Amendment
- Floating Zone

FOR MAP CHANGE:

Complete all of the following information on the subject property:

- ⇒ **Property Address/location of proposed activity:** (#/street) _____
- ⇒ Assessor's Map No. _____ ⇒ Lot No. _____ ⇒ Total Parcel Area (acres) _____
- ⇒ How many properties are being rezoned? _____
- ⇒ Current Zone District for each parcel? _____ Proposed Zone District(s)? _____
- ⇒ Flood Zone _____ Water Resource Area _____
- ⇒ Is the property within 500' of an adjoining municipality? **Yes** **No**
- ⇒ Required Referrals: *Abutting Town* *RiverCOG* Department of Energy and Environmental Protection
- Conservation Comm.* *Inland Wetlands* *Planning--*
- Was a report submitted to the Planning Commission describing how the proposed zone change is consistent with the Plan of Conservation & Development? _____ (Section 9.G.3.3.a)
- ⇒ See Reverse side for application submittal requirements.

FOR TEXT CHANGE:

Complete all of the following information on the subject property:

- ⇒ Existing Section(s) of the Regulations proposed to be changed: _____
- ⇒ New Proposed Zoning Regulation Section(s): _____
- ⇒ Do these Regulations affect property located closer than 500' to an adjacent municipality? _____
- If so, list the adjacent municipality: _____
- ⇒ Required Referrals: *Abutting Towns:* _____ *RiverCOG*
- Conservation Comm.* *Department of Energy and Environmental Protection* *Inland Wetlands Commission*
- Planning Commission*
- ⇒ See reverse side of application for submittal requirements.

*Applicant Name/Project Name: _____

Address: (mailing) _____

Phone () _____ Cell/ _____ Fax () _____ E-mail _____



*Owner Name: (if not applicant) _____ Phone () _____

Owner Address: (mailing) _____

Who will be representing this application? List the contact person for staff inquiries below.

Name: _____

Phone () _____ Cell/ _____ Fax () _____ E-mail _____

[Rev. 06/08/21]

Petition to Amend the Zoning Map and/or Regulations

This application, plans and all associated documentation are to be submitted as 12 individual packets.

Application Submittal Requirements:

- Petition to Amend the Zoning Regulations
 - 1) A "Statement of Justification" for the proposed Map Amendment. Such statement shall address the approval considerations pertinent to a map amendment contained in the Zoning Regulations – and, for a text amendment, include present and proposed text.
 - 2) A complete and comprehensive statement of the reasons for any proposed change, including any special interest the Petitioner may have in such change.

- Petition to Change Zone Map/Zone District Classification
 - 1) 12 Copies of the zone change map, prepared by a land surveyor registered in the State of Connecticut, and conform to the Class "D" requirements of the "Code of Recommended Practice for Standards of Accuracy for Maps" – drawn to the scale of 1"=100', depicting existing and proposed zoning designations, location and identification of streets, dimensions of acreage of land within proposed change, contours of not more than two (2) foot intervals (or as modified at the discretion of the Commission), wetlands, floodplain, coastal resources and soil types.
 - 2) A complete and comprehensive statement of the reasons for any proposed change, including any special interest the Petitioner may have in such change.
 - 3) A list, prepared by the applicant, of the names and addresses of owners of properties or portion(s) of properties proposed to be changed (from current Assessor's Records) within 500' of the subject property for certified mail notification and 500 feet in the case of an appeal.

- Petition for Floating Zone/PRDD (Planned Residential Development District)
 - 1) Is subject parcel within 75 feet of abutting municipality? **Yes** **No**
 - 2) A complete and comprehensive statement of the reasons for any proposed change, including any special interest the Petitioner may have in such change.
 - 3) A list, prepared by the applicant, of the names and addresses of owners of properties or portion(s) of properties proposed to be changed (from current Assessor's Records) within 500' of the subject property for certified mail notification and 500 feet in the case of an appeal.
 - 4) Does submitted Schematic Development Plan represent all aspects of Section 5.A.2
 Yes **No**

If the scope of the proposal is complex, the Zoning Commission may require additional technical and/or legal assistance at the applicant's expense. The estimated cost for such professional services shall be provided by qualified experts. Fees shall be deposited by the applicant prior to the scheduling of a public hearing. (Town Ordinance-Section 9-8)

The undersigned hereby permits town staff and commission members to enter onto and inspect this site during reasonable hours for the purpose of reviewing this application and accompanying plans. I hereby depose and say that all of the above statements as well as the statement and representations contained in all supporting documents herewith are true and conform to the Town of Westbrook's Zoning Regulations.

_____ APPLICANT'S SIGNATURE	_____ DATE	_____ OWNER'S SIGNATURE (IF NOT APPLICANT)	_____ DATE
OWNER'S SIGNATURE (if not applicant)		DATE	

FOR OFFICE USE ONLY

This application was received at the Westbrook Land-use office on: **Date** _____

Received at the Zoning Commission Meeting of: **Date** _____

Application Fee(s) Paid: \$ _____ (Text Amend.) Ck # \$ _____ (Reg. Amend) Ck #
\$ _____ (CAM) Ck # \$ 60.00 (DEP Fee) Ck #