

**APPLICATION FOR CHANGE OF ZONING REGULATIONS  
OR BOUNDARIES**

**Planning & Zoning Commission  
Sprague, Connecticut**

No. \_\_\_\_\_

Date: \_\_\_\_\_

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*To be completed by Applicant:*

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner of Record: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Description of and purpose for proposed change (In addition to a written description, the applicant shall submit a map clearly showing the boundaries of the proposed change when the change involves a zoning district boundary and shall meet the notification requirements of **Section 19.1.2** of the Sprague Zoning Regulations.)

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If different than Applicant)*

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*To be completed by Commission:*

Date of Submission: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Date of Receipt: \_\_\_\_\_ Date of Public Hearing: \_\_\_\_\_

Date of Action: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reasons for approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_