

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

**Planning & Zoning Commission
Sprague, Connecticut**

No. _____

Date: _____

To be completed by Applicant:

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____

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 23.1.2 of the Sprague Zoning Regulations.)

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

(If different than Applicant)

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: _____