



Town of North Stonington  
Planning and Zoning Commission

## Application for Zone/Regulation Change

Application Number:	<input type="text"/>	Receipt Date:	<input type="text"/>
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**Applicant Information:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Contact Info: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**This application related to the following change:**

- Change in existing regulations
- Change of boundaries of existing zoning map

**FOR A CHANGE IN REGULATIONS**

A. Identify the section of the regulations to be deleted:

\_\_\_\_\_

\_\_\_\_\_

B. Identify the section of the regulation to be modified or added to:

\_\_\_\_\_

\_\_\_\_\_

C. What is the proposed modification or addition to the regulations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this change a change in the list of permitted uses:  Yes  No

Is the zone of the use change within 500 feet of another town Boundary?  Yes  No

**FOR A CHANGE IN THE BOUNDARY MAP**

A. Submit a copy of the existing zone boundary map.

B. Submit a map of the proposed change in the zone boundary map using the same scale as the Zoning Map.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Applicant)