

Town of Chester
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Chester Connecticut 06412



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Planning & Zoning
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APPLICATION FOR A TEXT AMENDMENT or MAP CHANGE

Refer to Section 123 of the Chester Zoning Regulations

FEE: _____

1. Applicant Name: _____
2. Applicant's Address: _____
3. Telephone Number: _____ Email: _____
4. Section of the Zoning Regulations or Address of properties proposed for amendment of map or text:
(attach separate sheet if necessary) _____

The Planning and Zoning Commission is authorized to grant an amendment to the Zoning Regulations or the Zoning Map proposed by the provision of Section 123 of the Chester Zoning Regulations.

Accompanying this application form are the following:

- (1) A full text of any proposed change in these regulations clearly indicating existing provisions to be repealed and new provisions to be enacted;
- (2) A map clearly showing, and a complete written description of, any proposed change in district boundaries, including a precise description by metes and bounds or courses and distances of the location of the new boundary to be established and a list, keyed to said map, of the names and addresses of the record owners of land within, and within 500 feet outside, the area to be affected by such boundary change; and
- (3) A complete and comprehensive statement of the reasons for any proposed change, including any special interest the petitioner may have in such change.

I certify that all of the information on this application, including that shown on the site plan, and on any attachments, is correct as of the date below and is complete to the best of my knowledge.

Owners: _____ Date: _____

Applicants: _____ Date: _____



Application Number: _____

Date Received: _____

Fee Paid: _____ **Check # /Cash:** _____

Granted: _____ **Denied:** _____

Zoning Compliance Officer: _____

Date: _____