



APPLICATION FOR TEXT CHANGE OF THE STAMFORD ZONING REGULATIONS

Complete, notarize, and forward **thirteen (13) hard copies and (1) electronic copy in PDF format** to Clerk of the Zoning Board with a **\$1,000.00 Public Hearing Fee** and the required application filling fee (**see Fee Schedule below**), payable to the City of Stamford.

NOTE: Cost of required Public Hearing advertisements are payable by the Applicant and performance of mailing of required property owners is the sole responsibility of the applicant. **LAND RECORDS RECORDING FEE:** \$60.00 for First page - \$5.00 for each additional page)

Fee Schedule

Minor Text Change	\$1,060.00
Major Text Change	\$5,060.00

APPLICANT NAME (S): _____

APPLICANT ADDRESS: _____

APPLICANT PHONE _____

IS APPLICANT AN OWNER OF PROPERTY IN THE CITY OF STAMFORD? _____

LOCATION OF PROPERTY IN STAMFORD OWNED BY APPLICANT (S): _____

PROPOSED TEXT CHANGE: _____

DOES ANY PORTION OF THE PREMISES AFFECTED BY THIS APPLICATION LIE WITHIN 500 FEET OF THE BORDER LINE WITH GREENWICH, DARIEN OR NEW CANAAN? _____ (If yes, notification must be sent to Town Clerk of neighboring community by registered mail within 7 days of receipt of application – PA 87-307).

DATED AT STAMFORD, CONNECTICUT, THIS _____ DAY OF _____ 20_____

SIGNED: _____

NOTE: Application cannot be scheduled for Public Hearing until 35 days have elapsed from the date of referral to the Stamford Planning Board. If applicant wishes to withdraw application, please notify the Zoning Board at least three (3) days prior to Public Hearing so that the Board may have sufficient time to publicize the withdrawal.

STATE OF CONNECTICUT
 COUNTY OF FAIRFIELD ss STAMFORD _____ 20_____

Personally appeared _____, signer of the foregoing application, who made oath to the truth of the contents thereof, before me.

 Notary Public - Commissioner of the Superior Court

FOR OFFICE USE ONLY

APPL. #: _____ Received in the office of the Zoning Board: Date: _____

By: _____