



**PLANNING AND ZONING COMMISSION  
TOWN OF BRANFORD**

1019 Main Street, Branford, CT 06405, Telephone: (203) 488-1255, FAX: (203) 315-2188

**APPLICATION TO THE PLANNING & ZONING COMMISSION**

**For the following activity: (Check the Applicable Type of Application)**

- Zoning Regulation Amendment
- Zoning Map Amendment
- Zoning Map Amendment (PDD/Master Plan)
- Zoning Map Amendment (PDD/Master Plan Modification)
- Subdivision Regulation Amendment
- CGS 14-54 Location Approval

**ADDRESS OF PROPERTY (only if applicable)**

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**PROPOSAL**

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**PLEASE SUBMIT WITH COMPLETED APPLICATION**

1. Application fee. (See fee schedule)
2. Application materials as summarized in the Zoning Regulations or Subdivision Regulations as applicable.
3. If applicable, provide evidence that abutting property owners have been notified, per Section 9.14.G of the Zoning Regulations.

**The undersigned states that information submitted with this application is true and correct to the best of his/her knowledge; acknowledges that any approval based on erroneous or incomplete information shall be null and void and that approval of the plan is contingent upon compliance with all requirements of said regulations. The undersigned hereby authorizes the Branford Planning & Zoning Commission and its agents, the right to enter upon their property for the purpose of inspection and enforcement of the Zoning and Subdivision Regulations. ALL NAMES MUST BE PRINTED AND SIGNED.**

Applicant \_\_\_\_\_

**PLEASE PRINT**

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Receipt Date \_\_\_\_\_ Fee Paid \_\_\_\_\_

Approved/Denied by P&Z on \_\_\_\_\_ Application # \_\_\_\_\_