City of Stamford
Planning Board • Land Use Bureau
Government Center • 888 Washington Boulevard • Stamford, CT 06904-2152
Phone: (203) 977-4716 • Fax: (203) 977-4100

APPLICATION FOR AN AMENDMENT OF THE STAMFORD MASTER PLAN

Complete, notarize and forward twelve (12) copies to Clerk of the Planning Board with a **$590.00 Public Hearing Fee** and the requested application filing fee (**see Fee Schedule below**) payable to the City of Stamford. **NOTE: COST OF REQUIRED ADVERTISEMENTS ARE PAYBLE BY THE APPLICANT.**

Fee Schedule:

Master Plan Map Change or Master Plan Text Change	$360.00

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

STATE OF CONNECTICUT
ss:) Stamford_____, 20____
COUNTY OF FAIRFIELD

Personally appeared _____ signer of the foregoing Application, who made oath to the truth of the content hereof, before me.

_____
Notary Public - Commissioner of the Superior Court
Commission Expires:_____

FOR OFFICE USE ONLY

APPL. #_____

Received in the office of the Planning Board: _____
(Date)

By:_____