City of Stamford
Zoning Board · Land Use Bureau
Government Center · 888 Washington Boulevard · Stamford, CT 06904-2152
Phone: 203.977.4719 · Fax: 203.977.4100

APPLICATION FOR CHANGE IN THE ZONING MAP OF STAMFORD, CONNECTICUT

Complete, notorize, 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 filing 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**: $70.00 for First page - $5.00 for each additional page. *The City of Stamford will never request payments via wire transfer. All official emails will come from @stamfordct.gov addresses.*

Fee Schedule

Map Change **(Affected Area of 1 Acre or Less)**	**$1,060.00**
Map Change **(Affected Area of greater than 1 Acre)**	**$1,060.00 + $2,000 per acre or portion thereof in excess of 1 acre**

APPLICANT NAME (S): _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: _____

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

PRESENT ZONING DISTRICT: _____ PROPOSED ZONING DISTRICT: _____

LOCATION OF PROPOSED CHANGE: (Give boundaries of each parcel in proposed change and indicate dimensions from nearest intersecting street. Also include Assessor's Card number and Town Clerk's Block number, and square footage of land. Attach twelve (12) copies of map showing area proposed for change.)

_____

_____

_____

_____

LIST NAME AND ADDRESS OF THE OWNERS OF ALL LAND INCLUDED WITHIN THE PROPOSED CHANGE:

NAME & ADDRESS	LOCATION

ARE THERE DEED RESTRICTIONS THAT CONFLICT WITH THE PROPOSED ZONE DISTRICT FOR THIS PROPERTY?

_____

IF YES, LIST REFERENCE TO TOWN CLERK BOOK & PAGE #: _____

_____

_____

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*).

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

SIGNED: _____

NOTE: The 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 the application, this must be done in writing, and be received by the Zoning Board at least three (3) working days prior to public hearing in order to provide sufficient time to publicize the withdrawal. Applications withdrawn less than three (3) days prior to a schedule hearing date will <u>not</u> be rescheduled within 90 days.

STATE OF CONNECTICUT
ss STAMFORD_____20_____
COUNTY OF FAIRFIELD

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

<u>FOR OFFICE USE ONLY</u>

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

By: _____

Revised 3/9/2026