



**APPLICATION FOR CHANGE IN THE ZONING MAP OF STAMFORD, CONNECTICUT**

Complete, notarize, and forward twelve (12) copies 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:** \$60.00 for First page - \$5.00 for each additional page)

**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).

