



TOWN OF COLUMBIA

323 Jonathan Trumbull Highway, Columbia, CT 06237
(860) 228-0440 FAX: (860) 228-2847

Date Submitted: _____

Fee Paid: _____

CHANGE OF ZONE or REGULATION AMENDMENT APPLICATION

See Sections 74 of the Columbia Zoning Regulations for requirements.

Change of Zone Request

Regulation Amendment Request

Fee: \$610 (\$100 PZC fee + \$450 LN cost + \$60 state fee)

Location of Property (if Change of Zone Request)

Address: _____ Columbia, CT

Assessor's Map _____ Lot _____ Zone _____ Proposed Zone _____

Proposed Regulation Amendment

Zoning Regulation

Subdivision Regulation

Applicant/Agent Information

Primary Contact

Name: _____

Business Name: _____

Business Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

Interest in property: Owner Option Lessee Legal Engr Survey Other

Property Owner Information (if Zone Change request)

Primary Contact

Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

APPLICATION CHECKLIST

Applications are considered complete only when the information as required by the Columbia Zoning Regulations Sections 74 is received. Failure to submit all the required items is grounds for denial by the Commission.

Office Applicant* **ALL APPLICATIONS**

		Completed Application with original signatures (plus 10 copies)
		Detailed statement of reason for change (10 copies)

ADDITIONAL INFORMATION FOR CHANGE OF ZONE:

		Four (4) copies of full-scale site plan on an A2 survey, plus ten (10) reduced copies at 11" x 17", that include the following information:
		<ul style="list-style-type: none"> • Date, written and graphic scales, north arrow, seals & signatures of engineer, surveyor and other professionals
		<ul style="list-style-type: none"> • Lot dimensions with accurate linear and angular dimensions with any easements and deed restrictions noted; adjacent roads and abutter information
		<ul style="list-style-type: none"> • Existing structures, well, septic, utilities, site improvements
		<ul style="list-style-type: none"> • Table of existing frontage, setbacks, and coverage with current and proposed Zoning requirements

ADDITIONAL INFORMATION FOR REGULATION AMENDMENT:

		Fourteen (14) copies of the proposed regulation amendment showing any additions and/or deletions to the affected portions of the existing regulations
		Fourteen (14) copies of any supporting plans or other documentation

* For each item listed, indicate the following: ✓ = provided NA = not applicable

Required Information

1. Completed and signed Application including a completed checklist
2. Application fee – Check payable to the Town of Columbia

Prior to submitting an application,

applicants are strongly encouraged to discuss the proposed change with the Town Planner
860-228-0440 or TPlanner@ColumbiaCT.org

By signing this application, I am certifying that I am a willful participant and fully familiar with the contents of this application, and that all information submitted is true and accurate.

Signature of Owner (if Change of Zone) _____ Date _____

Signature of Applicant _____ Date _____

Signature of Authorized Agent _____ Date _____