

Town of Hebron, Connecticut



Town Office Building
15 Gilead Street; Hebron, Connecticut 06248
Phone: (860) 228-5971 Fax: (860) 228-5980

**ZONING / SUBDIVISION REGULATION AMENDMENT
APPLICATION**

Regulation to be Amended:

Subdivision Zoning

Section:

Applicant Information:

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Proposed Amendment:

* If necessary, attach a copy of the proposed changes. Please clearly indicate new wording, and text to be deleted.

Purpose of Amending Regulation:

How is the Proposed Amendment Compatible to the Plan of Conservation and Development?

Additional Information:

Does the proposed amendment affect any uses permitted in any zoning district within 500 feet of the Town Boundary? yes no

Fees:

\$150 (Town Fee) + \$60 (State Fee) = \$ 210

Signatures:

Signature of Applicant(s) _____ Date: