

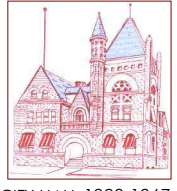


CITY OF WEST HAVEN, CONNECTICUT

Planning and Development Department

City Hall | 355 Main Street | Third Floor
Phone 203.937.3580 Fax 203.937.3742

West Haven, Connecticut 06516-0312
E-Mail: planning@cityofwesthaven.com



CITY HALL 1898-1967

APPLICATION FOR CHANGE TO ZONING MAP

1. Location of Property: List All Street Addresses

Street Address Tax Map – Parcel Area [☐ Sq. Ft or ☐ Acres] Present Zone Proposed Zone

2. What change or changing conditions make passage of this amendment necessary?

3. What other circumstances (i.e., public health, safety or general welfare) would justify the amendment?

4. Property Owner Information & Consent

Name _____

Firm _____

Street Address _____

City _____ State CT ZIP _____

Dated: _____

Daytime Phone: _____

☐ Business ☐ Home

☐ Fax: _____ ☐ Cell: _____

☐ E-mail _____

Signature of **PROPERTY OWNER**

5. Applicant Information & Certification (Fill in ONLY if not the same as the Owner.)

Name _____

Firm _____

Street Address _____

City _____ State _____ ZIP _____

Dated: _____

Daytime Phone: _____

☐ Business ☐ Home

☐ Fax: _____ ☐ Cell: _____

☐ E-mail _____

Check One: ☐ Option Holder ☐ Tenant ☐ Other (Describe): _____

Signature of **APPLICANT**

6. Counsel Information

Name _____

Firm _____

Street Address _____

City _____ State _____ ZIP _____

Daytime Phone: _____

☐ Business ☐ Home

☐ Fax: _____ ☐ Cell: _____

☐ E-mail _____

7. a. Attach Property Description (deed or legal description) and Survey Map of Existing Zoning and Proposed Change

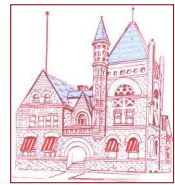
b. Provide statement of how zone change is consistent with Plan of Conservation and Development and City's land use policies.



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PUBLIC HEARING AND NOTICE REQUIREMENTS FOR SPECIAL PERMIT AND ZONE CHANGE APPLICATIONS

The West Haven Zoning Regulations require that applicants mail a Notice of Public Hearing to properties within 200 feet of the location of the application by U.S. Mail for all Special Permit and Zone Change applications. You must prepare your own notice, which must summarize your request and state the date, time and place of the Public Hearing. Your notice should also state that copies of the application materials and plans are available for review in the office of Planning and Development (provide address and phone number). You must complete an Affidavit that you mailed the Notice of Public Hearing as required and bring the Affidavit to your Public Hearing, along with the receipts from the Postal Department for the mailings. Present the affidavits and the receipts for mailing to the Clerk at the meeting.

REGULAR MAIL LIST – NOTICE TO PROPERTY OWNERS WITHIN 200 FEET

You are required to mail notice to all property owners within 200 Feet of the property that is the subject of your application by U.S. Mail. You will be furnished mailing labels for all property owners within 200 Feet of your application's location. The Mailing shall be made not less than 10 or more than 15 days prior to the Public Hearing.

AFFIDAVIT AND POSTAL SERVICE MAIL RECEIPTS REQUIRED

The applicant shall furnish an Affidavit to the Commission at the Public Hearing that the individual notices were sent by U.S. Mail in accordance with the requirements and shall obtain and submit a Certificate of Mailing issued by the Postal Service. A copy of the Affidavit is in this package.

PUBLIC HEARING REQUIRED

A public hearing will be held. At such public hearing, the applicant may be heard and any other person may be heard to speak in favor of or against the application.

LEGAL NOTICE

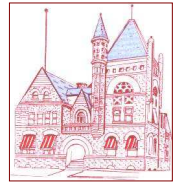
Notice of the time and place of such hearing will be published by the Department of Planning and Development in the New Haven Register.

PUBLIC HEARING SIGN – Please post the enclosed sign so that it may be read from the street not less than 10 days before the Public Hearing date.



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AFFIDAVIT OF MAILING

I SWEAR THAT THE REQUIRED NOTICES OF PUBLIC HEARING TO OWNERS OF RECORD WITHIN 200 FEET OF THE LOCATION OF MY APPLICATION HAVE BEEN MAILED IN ACCORDANCE WITH THE REQUIREMENTS OF THE WEST HAVEN ZONING REGULATIONS.

I HAVE ATTACHED A COPY OF THE LETTER THAT WAS SENT AND THE POSTAL SERVICE CERTIFICATE OF MAILING.

APPLICANT SIGNATURE

PRINT NAME OF APPLICANT

APPLICANT ADDRESS

FILE NUMBER

_____, 20
DATED

SWORN TO BEFORE ME THIS DAY OF ,20

NOTARY PUBLIC
MY COMMISSION EXPIRES ON