



**Application for a
Zone Boundary
Change**

TOWN PLANNING AND ZONING COMMISSION

Name of Applicant Phone #

Applicant's Address E-mail Address

Are you the... Owner Optionee Buyer Agent Other

If other please explain: _____

Owner(s) of Record (if other than applicant) Phone #

Owner's Address E-mail Address

Please Indicate Zone Change From: _____ To: _____

Address of Subject Parcel (s)

Size of Subject Parcel (s) Minimum Area Requirement of Proposed Zone (s)

Please describe how the proposed Zone Change will relate to the Adopted Plan of Development

Please explain how this Zone Change will benefit the Town of Windsor

Applicant's Signature Date

Owner's Signature Date

Office Use Only*****

Fee \$ _____ Ck. No. _____ App. rec'd by: _____ Comm. Action/Date: _____