

TOWN OF FARMINGTON
Application for Zoning Board Review

Application Date: _____ Application Number: _____ ZC _____
(office use)

Name of Applicant: _____

Address of Applicant: _____

Phone: _____ Email: _____

Location of Property: _____ Map: _____ Lot: _____

This property is currently zoned as: _____

Enclose Application Fee of \$50.00.

Per Section 3-1.10A.5. of the Zoning Board Ordinance, applicants will also be responsible for all advertisement and postage fees.

Please check the applicable issue for consideration:

***Changes to Zoning District Boundaries** (Section 11-8.9A of the Zoning Ordinance) Request to be rezoned as: _____

Land use Dimensional Requirements (Section 11-8.9E of the Zoning Ordinance)

Alteration, Addition, or Deletion of Categories listed in the Table of Uses (Section 11-8.9D of the Zoning Ordinance)

Clarification of Categories listed in the Table of Uses (Section 11-8.9D of the Zoning Ordinance)

*If proposing a change in a zoning boundary, please use the following page to identify the abutting property(ies) which might be rezoned including the name(s) and last known address(es) of all property owner(s).

Abutting Property Owner
(See attached list)

Address

Map/Lot

_____	_____	_____
_____	_____	_____

List below the reason for proposing the zoning change. *It is the applicant's responsibility to present sufficient admissible evidence to enable the Zoning Board to recommend change(s) sought.*

Submitted evidence shall include information concerning at least each of the following:

- Positive and negative impacts upon existing land uses which may result for the proposed change.
- Positive and negative impacts which the proposed change may have on the existing infrastructure and the municipalities ability to provide municipal services in the future.
- The impact that proposed change is likely to have upon the character of the existing zone. (Attach additional evidence to this form if necessary).

The applicant shall be notified of the meeting date.

Signature

Date

Signature Sheet

This application will not be processed without ten (10) signatures of registered voters and/or landowners who are residents of the Town of Farmington who support this proposal.

*State specific proposal:

	Print Name	Address	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

* This information must be provided!