

Planning & Zoning Commission
Town of Bozrah
1 River Road
Bozrah, CT 06334

Zoning Application

Date of Submission: _____

Application Number: _____

Fee Paid: _____

- | | |
|---------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Zoning Regulation Amendment |
| <input type="checkbox"/> Special Exception | <input type="checkbox"/> Zoning Map Amendment |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Other _____ | |

Name, Address and Phone Number of Applicant:

Name and Address of Property Owner: (if different from above)

Describe in detail what is being requested by this application: (Attach all plans and sketches as required)

Signature of Owner

Signature of Applicant

Commission Action: Approved Denied Date: _____ Initialed: _____
