PLANNING & ZONING COMMISSION
Town of Bozrah, 1 River Road
Bozrah, Connecticut 06334

ZONING APPLICATION

Date of Submission:_____ **Application Number:**_____

Fee Paid: _____

( ) **Site Plan Approval**
( ) **Special Exception**
( ) **Home Occupation**
( ) **Other** _____

( ) **Zoning Regulation Amendment**
( ) **Zoning Map Amendment**
( ) **Change of Use**

Name, address and phone number of applicant:

_____
_____
_____

Name and address of property owner: (if different than 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:** _____