

**TOWN OF BROOKFIELD**

**ZONING COMMISSION**

**APPLICATION FOR ZONE OR REGULATION CHANGE**

**Applicant:**

\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Land Owner of Record:** (if for specific parcel)

\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Boundary Change:**

- A. Two (2) copies of an official zoning map are attached hereto indicating:
  - (i) The area for which the change is requested.
  - (ii) The proposed boundary lines and narrative description of the boundaries.
- B. The current Zone Designation is: \_\_\_\_\_
- C. The proposed Zone Designation is: \_\_\_\_\_
- D. Rationale for the requested change is attached.
- E. A list of adjacent property owners is attached.

**Regulation Change:**

- A. The current Section Number is: \_\_\_\_\_ The current text reads:
- B. The Proposed Section Number is: \_\_\_\_\_. The proposed text or deletion is:
- C. Rationale for the requested change is attached.

**Applicant Signature and Representation:**

I apply herewith for a change in the Zoning Regulation of the Town of Brookfield in accordance with Chapter 124, Section 8-3 of the Connecticut General Statutes.

**Applicant's Signature:** \_\_\_\_\_

**Land Owner's Signature:** \_\_\_\_\_  
(For Zone Change Applications)