



# Town of Simsbury

Office of Community Planning and Development - Zoning Commission Application

DATE: \_\_\_\_\_ FEE: \$ \_\_\_\_\_ CK #: \_\_\_\_\_ APP #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME OF AGENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ LOT AREA: \_\_\_\_\_ SQ FT/ACRES

Does this site have wetlands? ☐ YES ☐ NO Have you applied for a wetlands permit? ☐ YES ☐ NO

**REQUESTED ACTION (PLEASE CHECK APPROPRIATE BOX):**

- ☐ **ZONE CHANGE:** The applicant hereby requests that said premises be changed from zone \_\_\_\_\_ to zone \_\_\_\_\_.
- ☐ **TEXT AMENDMENT:** Please attach proposed changes, including Sections and purposes.
- ☐ **SPECIAL EXCEPTION:** The applicant hereby requests a public hearing pursuant to Section \_\_\_\_\_.
- ☐ **SITE PLAN APPROVAL:** The applicant hereby requests  
☐ PRELIMINARY ☐ FINAL ☐ SITE PLAN AMENDMENT pursuant to Section 11
- ☐ **SIGN PERMIT**
- ☐ **OTHER (PLEASE EXPLAIN):** \_\_\_\_\_

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

A check payable to the Town of Simsbury must accompany this **original signed and dated** application. **Five (5) complete sets of folded plans, one (1) completed application and correspondence including a project narrative** must be submitted.

Please send PDF digitals to [jhollis@simsbury-ct.gov](mailto:jhollis@simsbury-ct.gov).

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Agent*

\_\_\_\_\_  
*Date*

Telephone (860) 658-3245  
Facsimile (860) 658-3206

[www.simsbury-ct.gov](http://www.simsbury-ct.gov)

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Simsbury, CT 06070