ZONING REFERRAL FORM



FOR: NOTIFICATION OF REFERRALS BY ZONING COMMISSIONS			
Please fill in, save a copy for your records and send with appropriate attachments by certified mail or electronically to: zoningref@crcog.org			
FROM: Zoning Commission Planning and Zoning Commission City or Town Council (acting as Zoning Commission)			Municipality:
TO: Capitol Region Council of Governments Policy Development & Planning Department 241 Main Street Hartford, CT 06106			Date of Referral:
Pursuant to the provisions of Section 8-3b of the General Statutes of Connecticut, as amended, the following			
proposed zoning amendment is referred to the Capitol Region Council of Governments for comment: NATURE OF PROPOSED CHANGE:			
Adoption of amendment of ZONING MAP for any area within 500 feet of another Capitol Region Municipality. Attach map showing proposed change.			Adoption or amendment of ZONING REGULATIONS applying to any zone within 500 feet of another Capitol Region Municipality. Attach copy of proposed change in regulations.
THE CHANGE WAS REQUESTED BY: Municipal Agency: Petition			
DATE PUBLIC HEARING IS SCHEDULED FOR:			
MATERIAL SUBMITTED HEREWITH:			
Regulation Changes Map of Ch	Map of Change		Supporting Statements
Public Notice Other (Sp	ecify):		
HAS THIS REFERRAL BEEN SUBMITTED PREVIOUSLY TO CRCOG? YES NO. IF YES, ON WHAT DATE:			
(EOR LISE BY CRCOC)			
(FOR USE BY CREUG)	Name:		
Date Received:	Title:		
Sent certified/e-mail?	Address:		
Date E-mail receipt sent			
File Number			

BY LAW, THE PLANNING COMMISSION SHALL GIVE WRITTEN NOTICE OF ITS PROPOSAL TO THE REGIONAL PLANNING AGENCY NOT LATER THAN THIRTY DAYS BEFORE THE PUBLIC HEARING TO BE HELD IN RELATION TO THE SUBJECT SUBDIVISION.

NOTICE SHALL BE MADE BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED OR BY EMAIL TO zoningref@crcog.org.

CRCOG-2015