|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto: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 Change | | Supporting Statements | | | Public Notice |
| Other (Specify): | | | | | | |
| HAS THIS REFERRAL BEEN SUBMITTED PREVIOUSLY TO CRCOG?  YES  NO. IF YES, ON WHAT DATE: | | | | | | |
| **(FOR USE BY CRCOG)** | | Name: | |  | | |
| Date Received: | | Title: | |  | | |
| Sent certified/e-mail? | | Address:  Phone:  Email: | |  | | |
| **File Number** | |