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|  **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 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**  |