



TEXT AMENDMENT PETITION TO THE
ZONING COMMISSION
TOWN OF STRATFORD, CT

DATE _____

- 1. NAME OF PETITIONER _____
- 2. Mailing Address _____
Telephone Number _____
- 3. E-mail: _____

NOTE: READ CAREFULLY BEFORE FILLING OUT THIS PETITION

Petition must be typed or printed. Nine (9) copies of the proposed text amendment must be a part of this petition, including a digital copy submitted on a USB drive. In addition to this application, the petitioner must submit a cover letter explaining the proposed text amendment., clearly identifying the existing text, as well as the proposed text that is being considered. *Lastly, the applicant shall file a copy of a text amendment application with the Town Clerk’s Office a **minimum of 10 days prior to the public hearing**. A copy of the recorded application shall be given to the Office of Planning and Zoning prior to the public hearing.*

APPLICANT MUST CHECK THE BOX BELOW:

[] I am aware of the requirement for the applicant to file a copy of the proposed text amendment application with the Town Clerk’s Office **a minimum of 10 days prior to the public hearing.**

TEXT AMENDMENT \$775.00

\$ _____ FEE RECEIPT # _____ DATE _____ CLERK _____