MAP or TEXT AMENDMENT APPLICATION

WESTPORT PLANNING AND ZONING COMMISSION

TEXT AMEN #846

Application # P2	FISE	USE	DNLY	5
Submission Date:	91	25	120	1
Receipt Date:	1	0	17	121
Amount Fee Paid:	\$	55	6	

TEXT CHANGES APPLICATION	Receipt Date: / 0 / / 2 V		
Complete #1- #3 Only & See Pg2 for Requirements:	Amount Fee Paid:		
■ TEXT – AMENDMENT TO ZONING REGULATIONS □ TEXT – AMENDMENT TO TOWN PLAN CONSERVATION AND OF DE			
	Daytime Tel: (203) 635-2200		
Applicant's Address: 33 Riverside Ave, 4th Floor, Westport E-r	mail: Bernehim@flb.law		
2. Text Section Added or Modified: Sections 32-20, 5-2, and 31	-9		
3. Estimated time needed for presentation: 30 Minutes			
ZONING MAP CHANGES APPLICATION	Complete # 1- #14, See Pg2&3 for Requiremen		
 ☐ MAP – AMENDMENT TO ZONING REGULATIONS ☐ MAP – AMENDMENT TO PLAN OF CONSERVATION AND OF DEVEL 	SEP 2.5 2024		
3. Property Address:	WESTPORT P. & Z. C.		
4. Property ID# (9 Digits - staff will provide)			
5. Existing Zoning District/Plan Designation:			
6. Proposed Zoning District/ Plan Designation:			
7. Lot Area:			
8. Property Owner:Da	ytime Tel:		
Owner's Address:E-r	nail:		
9. Agent's Name (if different):Day	ytime Tel:		
Agent's Address:E-n	nail:		
10.Zoning Board of Appeals Case # (if any):			
11.A previous zone change/land use designation has has not been If change was previously requested, indicate date (s)	requested for this property		
12. This property is ☐ is not ☐ within 500' of an adjoining municipality.			
13. Estimated time needed for presentation:			
I hereby certify that the above information herewith is correct and all of the pertinent documentation	n required by the Zoning Regulations.		
Applicant's Signature (If different than owner) Owner's	Signature (Must be signed i)		

1. If the applicant is unable to obtain the signature of the property owner, a letter of authorization signed by the property owner may be submitted instead, as per §43-3.3