



Town of Thompson, CT

Town of Thompson
815 Riverside Drive North Grosvenordale, CT 06255
860-923-9475

Date:

ZONE CHANGE APPLICATION

No:

Applicant Information:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Legal Interest: _____

Owner Information:

Name: _____

Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Attached is documentation verifying ownership of the property.

Attach Property Card if owner.

Subject Parcel:

Deed Volume: _____ Page: _____

Address: _____

Acreage: _____ Assessor's Map, Block, Lot #: _____

Is the subject parcel within 500 ft. of the Town boundary? Yes No

If yes, what town(s) does it border? _____

Zone Change Requested from _____ to _____

Purpose of Request:

Fees:

Zone Change Fee = \$ _____ Payable to: Town of Thompson

Signatures:

Signature of Owner(s) _____ Date: _____

Signature of Applicant(s) _____ Date: _____