

# Town of East Lyme

PO Box 519  
Niantic, CT 06357  
(860) 691-4114  
Fax: (860) 691-0351

Zone TA Permit # \_\_\_\_\_

Date Entered into ZTA Log \_\_\_\_\_

## APPLICATION FOR ZONING REGULATION TEXT AMENDMENT

Date of Application: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Text Amendment of Section #: \_\_\_\_\_

DESCRIPTION OF TEXT AMENDMENT OF ZONING REGULATIONS REQUESTED *{must comply all other applicable Zoning Regulations of the Town of East Lyme}*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

\*\*\*\*\*

### Below this line for Office Use Only:

\*\*\*\*\*

Attach a copy of what is being changed, omitted or added to the Zoning Regulations.

AMENDMENT PROPOSAL ATTACHED      YES    NO

PERMIT FEE: TEXT AMENDMENT      \$300.00

STATE FEE:      \$60.00

CHECK #: \_\_\_\_\_

TOTAL DUE:      \$ \_\_\_\_\_

At its meeting on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the East Lyme Zoning Commission voted and accepted the above referenced Text Amendment to the Town of East Lyme Zoning Regulations.

Dated: \_\_\_\_\_  
Matthew Walker, Chairman  
East Lyme Zoning Commission