

# Town of East Lyme

108 Pennsylvania Ave.  
Niantic, CT 06357  
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Zone TA Permit # \_\_\_\_\_

## APPLICATION FOR ZONING REGULATION TEXT AMENDMENT

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

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: \_\_\_\_\_

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### Below this line for Office Use Only:

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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:      \$ \_\_\_\_\_

Date Approved: _____	Date Denied: _____
Approval subject to conditions below:	
_____	
_____	
Dated: _____	_____
East Lyme Zoning Commission	