

**TOWN OF WINDSOR
PLANNING AND ZONING
ZONING AMENDMENT APPLICATION**

Applicant's Name: _____

Property Location: _____

Parcel Tax ID: _____

Current Zoning: _____

Request: _____

- Attach a detailed map of the affected area
- Include a list of all owners if other than above
- This application must be received not later than three (3) weeks prior to the meeting at which the application is to be considered
- Reapplication for Amendment of the Zoning Ordinance shall only be permitted once in any six (6) month period. (This requirement may be waived by $\frac{3}{4}$ vote of the Town Commissioners if it finds an emergency exists.
- A fee of \$100 must be paid to the Town of Windsor with this application to offset the cost of advertising and other administrative expenses.

Applicant's Signature

Date

This application was received on: _____ at _____.

By: _____
Allen Castelloe, Town Administrator