



**Town of Preston**  
**Planning and Zoning Commission**  
**Zoning Text Amendment and Subdivision Text Amendment**  
**Application**

ZTA Application # \_\_\_\_\_ Date submitted \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

- \_\_\_ 1. Application fee \$360 (Town fee - \$300.00 and State fee \$60.00)
- \_\_\_ 2. Legal Notification fees – this amount is provided after the Public Hearing at the end of the application process
- \_\_\_ 3. Provide 12 copies of the proposed amendment change.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

ALL APPLICATIONS WILL REQUIRE LEGAL NOTICE TO APPEAR IN THE PAPER BEFORE AND AFTER THE COMMISSION TAKES ACTION. PLEASE NOTE THAT A PERMIT WILL NOT BE VALID UNTIL THE LEGAL NOTICE FEES ARE PAID. THE AMOUNT OWED WILL BE NOTED IN YOUR ACTION LETTER FROM THE COMMISSION.

Provide a copy of the proposed revision of the regulations. Underline everything that is being added and everything that is being deleted. Provide title(s) of the revision(s) with description(s) that will be used for the legal notice and public hearing.

- 1. Provide additional pages if necessary for items 2-5. Provide a description of the Zoning Text Amendment.

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- 2. As a result of the amendment, will there be impacts on:
  - a) a municipality within five hundred (500) feet of the town boundary.
  - b) traffic on streets within the adjoining municipality(ies);
  - c) the sewer or water drainage that flows to or through adjoining municipality(ies);
  - d) water runoff within the adjoining municipality(ies) streets or other municipal or private property.

Please note impacted municipalities.

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Note impacts:

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4. Please describe the purpose for the Zoning Text Amendment and the reason the request is being made. Explain why this change is necessary.

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5. Please explain how the text amendment is consistent with the Plan of Conservation and Development; cite specific sections.

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Signature of Applicant Date

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Print name

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FOR TOWN USE:	Date comments are received:
Date of Receipt by the PZC _____	
Referral Date to Town Staff _____	
<b>Departments</b>	
Building Inspector	
Fire Marshal	
Zoning Enforcement Officer	
Uncas Health District	
IWWC	
CAC	
First Selectperson	
Town Engineer	
Public Works	

Revised July 2025