

Please mail to:

Re: RPC Referral
South Central Regional COG
127 Washington Avenue, 4th Floor West
North Haven, CT 06473

RPC Referral Submission Form

South Central CT Regional Planning Commission

1.) General Information:

Date Sent: _____

Subject: _____

Applicant Name: _____

Property Address (if applicable): _____

Town/City: _____

Referral is from a private individual

Referral is from the Town/City Planning Department or the P & Z Commission

Public Hearing Date: _____

2.) Statutory Responsibility:

Application involves a subdivision of land within 500 feet of a town/city border

Application involves a proposed change to a town/city zoning regulation

If neither, applicant requests a voluntary RPC review for informational purposes

Material is for informational purposes only; an RPC resolution is not necessary

Other: _____

3.) Process:

Material sent "Return Receipt Requested" (as required by law)

Information on proposed change included

Existing language included (if applicable)

4.) Preferred contact regarding this RPC referral:

Name: _____

Telephone Number: _____

E-mail Address: _____

Comments: _____