Planning for Our Region's Future

South Central Regional Planning Commission (RPC): Referral Submission Form

SCRCOG is required to be given notice by certified mail, return receipt requested **thirty days before the public hearing** for Zoning Amendments (Regulations, Map) and Subdivision Applications (see below for applicability). **Notice can be sent by email, instead of certified mail**, per the requirement of the Connecticut General Statutes(CGS) 8-3b, 8-26b. Amendments/Update to the Municipal Plan of Conservation and Development are required to be submitted to SCRCOG at least 65 days before the public hearing, per CGS 8-23.

Municipality:		Date Sent:	Public Hearing Date:	
Subjec	et:	l		
Referral is From (Select one):		☐ Private Applicant – Applicant Name:		
		☐ Town/City Planning Department or the Planning and Zoning Commission		
Prefer	red Municipal Cor	ntact for this Referral:		
Name:		Phone Number:	Email:	
Statutory Responsibility (Select Below):				
	Application involves a proposed Zoning Regulation Amendment that affects the use of a zone within 500 feet of a municipality in the South Central Region			
	Application involves a proposed Zoning Map Amendment that affects the use of a zone within 500 feet of a municipality in the South Central Region			
	Application involves a Subdivision of Land, which will abut or include land in two or more Municipalities			
	Application involves an Amendment and/or Update to a Municipal Plan of Conservation and Development (POCD)			
	Applicant requests a voluntary RPC review for informational purposes only; an RPC resolution is not necessary			
Process (Select Below): The communication should be addressed to SCRCOG, Re: RPC Referral				
	Material sent via "Certified Mail - Return Receipt Requested" to SCRCOG, 127 Washington Avenue, 4th Floor West, North Haven, CT 06473			
	Material sent via Email to: rpc@scrcog.org			
	This application has been previously submitted for RPC Review. If checked, on what date:			

For any questions, please email rpc@scrcog.org.