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: ___________________________________________________________________
_____________________________________________________________________________

Questions: (203) 234-7555
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