WILTON PLANNING AND ZONING COMMISSION	AMEND REGULATIONS	REG#

TITLE OF REGULATIONS TO BE AMENDED

REFERENCE SECTION(S) TO BE AMENDED

APPLICANT'S NAME **ADDRESS**

AMENDMENT DESCRIPTION: Describe in detail the reasons for the proposed amendment. Attach additional sheets as required.

THE FOLLOWING MATERIAL SHALL BE ATTACHED:

Fifteen ***COLLATED*** copies of all application materials shall be submitted.

___ **$460 FILING FEE** payable to: **Town of Wilton.**
___ **THE PROPOSED AMENDED TEXT.**

THE APPLICANT understands that this application is to be considered complete only when all information and documents required by the Commission have been submitted and is responsible for the payment of all legal notices incurred.
THE UNDERSIGNED WARRANTS the truth of all statements contained herein and in all supporting documents according to the best of his or her knowledge and belief.

APPLICANT'S SIGNATURE TELEPHONE