



TOWN OF WETHERSFIELD
DEPT. OF PLANNING AND ECONOMIC DEVELOPMENT
505 SILAS DEANE HIGHWAY
WETHERSFIELD, CONNECTICUT 06109
(860) 721-2837 FAX (860) 721-2843

**REQUEST FOR WAIVER/MODIFICATION/REDUCTION
FROM ZONING REGULATIONS**

Application No: _____ Address: _____

Applicant: _____ Telephone Number: _____

In accordance with the Wethersfield Zoning Regulations, I hereby request that the Planning and Zoning Commission grant the following consideration (check below all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Modification To The SRD Requirements (3.4.H) | <input type="checkbox"/> Reduction/Modification of Landscaping Requirements (6.1.L) |
| <input type="checkbox"/> Modification To The SRD Requirements (3.9.13) | <input type="checkbox"/> Modification To Parking Requirements (6.2) |
| <input type="checkbox"/> Waiver To The Dimensional Requirements of a Mixed Use Development (5.4.B) | <input type="checkbox"/> Exceptions To Sign Regulations (6.3) |
| <input type="checkbox"/> Reduction To Yard Requirements TC and VB District (5.4.B) | <input type="checkbox"/> Modification To Lighting Requirements (6.7) |
| <input type="checkbox"/> Reduction To The Rear Yard Requirements (5.4.B) | <input type="checkbox"/> Waiver of Setback For Refuse Storage (6.8) |
| <input type="checkbox"/> Exceptions For Business Redevelopment (5.6) | <input type="checkbox"/> Minor Variation To Site Plan (7.4) |
| <input type="checkbox"/> Exceptions For Mixed Use Development (5.10) | <input type="checkbox"/> Modification For Telecommunication Tower (9.1) |

Describe The Specific Request:

Provide Reasons To Support Request:

Name of Applicant/Agent (print) Date

Signature of Applicant or Agent Date

Permission is granted / denied for your request on this _____ day of _____, 200__.

Signature: _____
Planning & Zoning Commission
Chairman or Secretary