

MAP or TEXT AMENDMENT APPLICATION

WESTPORT PLANNING AND ZONING COMMISSION

OFFICE USE ONLY
Application # PZ-26-00106
Submission Date: 2/24/26
Receipt Date: 3/2/26
Amount Fee Paid: waived

TEXT CHANGES APPLICATION

Complete #1- #3 Only & See Pg2 for Requirements:

- TEXT** – AMENDMENT TO ZONING REGULATIONS
 TEXT – AMENDMENT TO TOWN PLAN CONSERVATION AND OF DEVELOPMENT

1. Applicant's Name: Planning and Zoning Commission Daytime Tel: 203-341-1030
Applicant's Address: 110 Myrtle Avenue E-mail: pandz@westportct.gov
2. Text Section Added or Modified: Section 11-2.4.8A
3. Estimated time needed for presentation: 10 minutes

ZONING MAP CHANGES APPLICATION Complete # 1- #14, See Pg2&3 for Requirements:

- MAP** – AMENDMENT TO ZONING REGULATIONS
 MAP – AMENDMENT TO PLAN OF CONSERVATION AND OF DEVELOPMENT

RECEIVED
FEB 26 2026
WESTPORT P. & Z. C.

3. Property Address: _____
4. Property ID# (9 Digits - staff will provide) _____
5. Existing Zoning District/Plan Designation: _____
6. Proposed Zoning District/ Plan Designation: _____
7. Lot Area: _____
8. Property Owner: _____ Daytime Tel: _____
Owner's Address: _____ E-mail: _____
9. Agent's Name (if different): _____ Daytime Tel: _____
Agent's Address: _____ E-mail: _____
10. Zoning Board of Appeals Case # (if any): _____
11. A previous zone change/land use designation has has not been requested for this property
If change was previously requested, indicate date (s) _____
12. This property is is not within 500' of an adjoining municipality.
13. Estimated time needed for presentation: _____

I hereby certify that the above information herewith is correct and all of the pertinent documentation required by the Zoning Regulations.

Paul Libano
Applicant's Signature (If different than owner)

Owner's Signature (Must be signed)

1. If the applicant is unable to obtain the signature of the property owner, a letter of authorization signed by the property owner may be submitted instead, as per §43-3.3