

**Please mail to:**

Re: RPC Referral  
South Central Regional COG  
127 Washington Avenue, 4<sup>th</sup> Floor West  
North Haven, CT 06473

# 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:** \_\_\_\_\_