(Submit in triplicate. Two copies will be returned to Applicant)

ZONING BOARD OF APPEALS APPLICATION FORM

Filing fee: \$100.00 plus, cost of publishing notices

Appeal from the decision of:				
Applicant or Appellant:	_ Address __			
	City:		_State:	_ Zip:
Owner:	_ Address _.			
	City:		_State:	_ Zip:
Lessee:	_ Address _			
	City:		_State:	_ Zip:
Agent:	_ Address __			
	City:		_State:	_ Zip:
To the Board of Appeals: I hereby appeal from determination of:	:			
Dated: Denying:	·			
Location of Affected Premises: (attach both or addition proposed)	h PDF* & բ	physical copy of pla	an showing l	ocation & change
Lot #Block #Located on the		_ side of		(street
feet distant from the intersection	of	_ (street) and:		(street
This appeal relates to: UseArea	Yar	ds Height	Set	-back
Density of population in connection with a (c	heck one):	□ PROPOSED	□ EXIS	TING building.
If work constitutes an alteration or extension	n to an exis	ting building, des	cribe briefly:	:

^{* (}PDF copy is required of all prints larger than size "A" (8½ x 11). They can be provided on an optical disk or emailed to om@poa-ct.org)

Under what portion of the Zoning regulation is this appeal based?						
Has any previous app	eal been filed a	bout these pre	emises? If so, whe	n?		
Is hardship claimed?	□ Yes □ No	If so, what i	s the specific hard	dship?		
Other comments:						
Special exceptions and Applicant(s) within six		-				
I hereby depose and so submitted herewith ar		bove statemen	ts and the statem	ents contained i	n any papers	
Sworn before me this	day of	, 20	·			
Signature						