

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

ZONING BOARD OF APPEALS APPLICATION FORM

Filing fee: \$275.00
Includes 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: (email PDF* and include physical copy of plan showing location and change or addition proposed)

Lot # _____ Block # _____ Located on the _____ side of _____ (street)
_____ feet distant from the intersection of _____ (street) and: _____ (street).

This appeal relates to: Use _____ Area _____ Yards _____ Height _____ Set-back _____

Density of population in connection with a (check one): PROPOSED EXISTING building.

If work constitutes an alteration or extension to an existing building, describe 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 appeal been filed about these premises? If so, when?

Is hardship claimed? Yes No **If so, what is the specific hardship?**

Other comments: _____

Special exceptions and variances granted shall expire if a building or permit is not obtained by the Applicant(s) within six months from the date of authorization of the special exception or variance.

I hereby depose and say that all the above statements and the statements contained in any papers submitted herewith are true.

Sworn before me this _____ day of _____, 20_____

Signature