

Variance Application Form

Pine Orchard Association
180 Pine Orchard Road
Branford, CT 06405

Variance # _____
Meeting date _____
Approved ____ Denied ____
Date _____

Owner: _____

Applicant: _____

Property Location: _____

Map: _____ Block: _____ Lot: _____ Zone: _____

Present Use of Property: _____

1. Description of project and/or proposed improvements: _____

2. Variance requested from: (attach additional pages if necessary)

Section: _____

Requested: _____

Section: _____

Requested: _____

Section: _____

Requested: _____

Section: _____

Requested: _____

3. Strict application of the regulations would produce undue hardship because:

4. The hardship created is unique and not shared by all properties in the neighborhood because:

5. The variance would not change the character of the neighborhood because:

6. Dates of all previous variances with respect to this property _____

I hereby certify that the information submitted in this application is correct to the best of my knowledge and belief.

Owner: _____ Phone: _____ email: _____

Applicant: _____ Phone: _____ email: _____

Applicant Signature: _____ Date _____