

# VARIANCE

## APPLICATION FORM



FOR OFFICE USE ONLY

Application Number

Fee:

Receipt Date:

**Applicant (Owner):**

Mailing Address:

Telephone Number:

Email Address:

**Agent:**

Mailing Address:

Telephone Number:

Email Address:

**Property Location:**

**Parcel Information:**

Map

Block

Lot

**Zoning District:**

**Lot Size (sq. ft.):**

Is any portion of the property within 500 feet of the Town Boundary?

☐ Yes

☐ No

**The applicant seeks a variance to the Zoning Regulations, specifically Section:**

	REQUIRED	EXISTING	PROPOSED	VARIANCE
MINIMUM LOT AREA				
FRONTAGE				
FRONT YARD				
REAR YARD				
SIDE YARD				
MAXIMUM HEIGHT				
FLOOR AREA RATIO				
NON-INFRINGEMENT				
COASTAL JURISDICTION				

**The applicant requests that the ZBA take the following action:**

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**Hardship:** *Proof of a true hardship is a legal requirement for a Zoning Board of Appeals to issue a variance. See ZBA Application Guide for definition of Hardship.*

**Explain Hardship (reason for requesting the variance):**

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Applicant – Please check which applies:

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- I have not submitted a Class A-2 Survey with this application.
- I have submitted a Class A-2 Survey as part of this application.

This application, accompanied by the appropriate fee (payable to the Town of Stonington) must be forwarded to the Zoning Enforcement Officer. The applicant or a designated representative must be present at the public hearing before the ZBA will take any action on the application. Failure to attend will require re-scheduling of the hearing and payment of an additional fee.

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Owner's Printed Name

\_\_\_\_\_  
Owner's Signature

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Agent's Printed Name

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Agent's Signature

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