

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:

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):

Applicant – Please check which applies:

- 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.

Owner's Printed Name

Owner's Signature

Agent's Printed Name

Agent's Signature
