

Z.B.A. Meeting _____

Rec'd. _____

Fee _____

APPLICATION FOR APPEAL
TO THE ZONING BOARD OF APPEALS

NAME OF APPELLANT _____

MAILING ADDRESS _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE _____

NAME OF OWNER _____

ADDRESS OF PROPERTY (PROJECT) _____

TAX ASSESSOR'S MAP NO. _____ LOT NO. _____ ZONE _____

The undersigned requests that the Board of Appeals consider the following:

VARIANCE:

I. Nature of Variance: Described generally the nature of variance.

In addition, a scaled plan of the property must accompany this application showing dimensions and shape of lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings and alterations, and any natural or topographic peculiarities of the lot in question. Please include a sketch showing distance from property lines to existing and proposed structures.

II. Justification of Variance: In order for a variance to be granted, the appellant must demonstrate to the Board of Appeals that the strict application of the terms of the zoning ordinance would cause either undue hardship or a practical difficulty. The Board of Appeals must determine that your application meets the requirements for the variance that you seek. Please explain how your situation meets each of these criteria listed below:

C. Disability Variance (this is limited to a setback variance to allow the installation of equipment of construction of a structure necessary for access to or egress from a dwelling by a person with a disability who resides in or regularly uses the dwelling.)

PLEASE INCLUDE A SKETCH WITH DETAILED DIMENSIONS.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS SUPPLEMENTS IS TRUE AND CORRECT.

DATE

APPELLANT