

ZONING BOARD OF APPEALS
Wallingford, Connecticut
APPLICATION FOR VARIANCE

APPLICATION NO.: _____ --
APPROVED: _____
DENIED: _____

The undersigned Applicant hereby applies to the Wallingford Zoning Board of Appeals for a variance of the Wallingford Zoning Regulations.

- 1.) Street Address or Location of the Property: _____
- 2.) Zoning District of the Property: _____
- 3.) Indicate the type of variance requested (e.g., lot area, side yard) and the Section of the Zoning Regulations being varied. If more than one variance, list each separately.

<u>Type of Variance</u>	<u>Section of Zoning Regulations</u>	<u>Required by Regulations</u>	<u>Existing</u>	<u>Proposed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4.) Briefly state the purpose of the proposed variance (e.g., "to build a two-car garage"): _____

5.) Briefly describe why strict application of regulations would produce an unreasonable hardship: _____

6.) If any variances for the Property have previously been requested, please complete the following section.

a. Date(s) of ZBA action: _____

b. What variance(s) were requested: _____

c. What variance(s) were granted: _____

7.) **APPLICANT** (Please list mailing address.)

Name(s): _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____ Interest in Property: Owner: _____ Other: _____

8.) **PROPERTY OWNER(S) OF RECORD** (Please list mailing address. **This section must be completed.**)

Name(s): _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____

9.) Please list below the names and mailing addresses of all abutting property owners. (Those properties that are directly adjacent or contiguous to yours.)

<u>Name</u>	<u>Mailing Address</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

(Attach additional sheet(s) if necessary)

10.) Please provide directions to the subject property from a well recognized Town road. _____

NOTES TO APPLICANT:

1. Please provide eleven copies of a map or plan drawn to scale clearly illustrating the variance(s) requested. **(The plan must show the property boundaries, all existing and proposed buildings and dimensions for any setback, size, area or height related variance request.)**
2. The Applicant must notify abutters by Certificate of Mailing, 10-15 days prior to the Public Hearing by sending them a copy of the Legal Notice. The Legal Notice will be sent to the Applicant at least 15 days prior to the meeting. Certificates of Mailing must be returned to the Planning & Zoning Office at least five days prior to the meeting.
3. **The extent of any variance granted is limited to only that represented on the plan submitted as part of this application.**

(FOR ZBA USE ONLY)

DECISION: GRANTED DENIED **EFFECTIVE DATE:** _____ / _____ / _____

REASON(S) FOR DECISION: _____

CONDITION(S): _____

The extent of any variance granted is limited to only that represented on the plan submitted as part of this application.

SIGNED: _____

TITLE: _____

**WALLINGFORD
ZONING BOARD OF APPEALS**
Variance Application: Revised May 2008