

ZONING BOARD OF APPEALS

SOMERS, CONNECTICUT
APPLICATION FOR HEARING

\$360.00 NON-REFUNDABLE APPLICATION FEE
\$100.00 for each additional variance request.

Application Number: _____ Date _____

Applicant _____ Phone _____

Applicant E-mail _____

Address _____

Location of Property _____ Zone A, A1 B I (CIRCLE)

Owner of Record _____

Address _____

Deed Reference Volume _____ Page _____

Reason for Variance Request _____ (example, side yard, height, front yard)

Decision Date _____ Decision _____ Sec _____ Par _____ Page _____

All applicants hereby certify that they are the ____ owner of record for the above referenced property or they are an appointed representative of the ____ owner of record with permission to act on behalf of the property owner. (Please check one)

All information above must be filled out prior to making application

Clearly state why you are requesting a variance for this property and explain what hardship exists/applies for this case. Also, please provide a pertinent sketch or blueprint of proposed variance.

Signature _____

OFFICE USE ONLY