

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 _____

Variance Appeal of Decision Other _____

Zoning Section _____

Description of request: _____ (ex: side yard, height, front yard)

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 _____

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)

OFFICE USE ONLY

Decision Date _____

Decision:

Conditions: