

APPLICATION FOR APPEAL OR VARIANCE
NOANK FIRE DISTRICT ZONING BOARD OF APPEALS
NOANK, CT 06340

1. Name & Address of Applicant: _____
_____ Phone No: _____

2. Name & Address of Owner of Record: _____
_____ Phone No: _____

3. Location of property involved: _____

4. PIN No.: _____ (may be obtained from the Town Assessor's office).

5. Property is in Zone: _____

6. Property is is not within 500 ft of the District Boundary Line.

7. Property is is not exempt from Coastal Site Plan Review (if not exempt, attach a copy of titled Site Plan);

8. Applicant's reason for submitting this application:

There is an error in an order requirement, or decision made by the Zoning Enforcement Officer

A Variance is sought in the application of the District Zoning Ordinance

Other: _____

9. The order, requirement, or decision of the Section(s) of the Zoning Ordinance from which a variance/appeal is requested.

10. The applicant requests the Board to take the following action:

11. The nature of the unusual hardship or exceptional difficulty existing with regard to the property involved is:

12. If the applicant has a designated agent:

Name of Agent: _____

Relationship: _____

Address: _____ Phone No: _____

I certify that the information contained in this application is true and correct, and hereby authorize the Zoning Board of Appeals and/or the Zoning Enforcement Officer to enter upon the property in question for the purpose of inspecting the conditions described in this application.

Applicant's Signature: _____ Date: _____

FOR ADMINISTRATIVE USE

Date Received: _____ Date of Hearing: _____ Date of Decision: _____

Denied Approved as is Approved with modifications and/or conditions.

Date formal decision notice transmitted to Applicant by Certified Letter: _____