

**ZONING BOARD OF APPEALS
CHESHIRE CONNECTICUT**

DATE _____

APPLICATION FOR VARIATION OF ZONING ORDINANCE REQUIREMENTS;

Applicant _____ Telephone _____

Address _____

Location of Property (if different) _____ Zone _____

Deed to this property located on Cheshire Land Records: Volume: _____ Page _____

Assessor's Map Plate # _____ Lot # _____

Signature of Applicant _____

Signature of Property Owner _____

(As recorded on deed)

Variance requested show number of pertinent sections of zoning regulations and variance desired): _____

_____ (The resulting front/side/rear line setback requested is _____ feet).

Reason for Variance (i.e. pool, addition, etc.) _____

A. Strict application of the regulations would produce undue hardship because _____

B. The hardship created is unique and not shared by all properties alike in the neighborhood because _____

C. The variance would not change the character of the neighborhood because _____

Is an A-2 survey enclosed? _____ Is a waiver of an A-2 survey requested? _____

Agent, if different than applicant _____ Phone _____

(NAME)

_____ (ADDRESS)

_____ (CITY)

_____ (STATE)

The application must be received 17 days before the hearing accompanied by a filing fee. Fees (including state fees and required Public Hearing fee) is \$310.00 for residential and \$385.00 for commercial; industrial. Disclaimer: Additional information may be required, please contact the Planning office for complete application packets. Rev. July 2013

**THE FOLLOWING IS A CHECK LIST TO ENSURE THAT ALL NECESSARY APPLICATIONS HAVE BEEN
FILED WITH THE PLANNING OFFICE**

(Please check one)

YES NO

1. Have any variances previously been granted or denied on this property? () ()

If so, when? _____

2. Are you requesting a waiver of the Class A-2 Survey? () ()
If so, this must be in writing.)

3. Are there any wetlands on the property? () ()

4. Is the property within the watershed area? () ()
(If so, has an application been submitted To the Regional Water Authority?)

5. Is the property located within the aquifer zone? () ()

6. Is the property located within a public water supply Aquifer protection area or watershed area? () ()
(If yes, notification is required to the CT Dept. of Public Health per Public Act 06-53)

7. Has Chesprocott submitted a written statement and/or Map confirming the location of septic/well location on the property? () ()

8. It is suggested that you submit photos of the area where you are requesting the variance. (This will allow the ZBA members to review the area when they are unable to see the area from the street). Photos submitted. () ()

The following items must be submitted with each application:

_____ Application Form

_____ Survey (3 copies)

_____ Notarized letter to Chairman regarding abutters notification

_____ Applicable Fee

By signing this checklist, I hereby acknowledge full responsibility that the Information provided is true and accurate.

Applicant's Signature

Date

APPLICATION FOR SANITATION CERTIFICATE (To Be Completed by Applicant)

If Chesprocott has a map on file for the location of septic and/or well for the property listed on your variance application, please attach a copy of the map showing the septic and/or well location with your variance application.

NAME OF DEVELOPMENT OR PROJECT: _____

STREET ADDRESS: _____

APPROX. NO. OF ACRES _____ ZONE _____ NO. OF LOTS _____

SOURCE OF WATER SUPPLY:

Public Water Supply _____
Community Well _____
Individual Wells _____

METHOD OF DISPOSAL OF SANITARY WASTE:

Connect to Public Sanitary Sewer System _____
Project is Located in Class _____ District _____
Report by Water Pollution Control Authority Attached _____
Install Dry Sanitary Sewers for Future Connection and
On-site Sub-Surface _____
Sanitary Disposal Systems for Immediate Short-term Use _____
Install On-Site Sub-surface Sanitary Disposal
System for Long-term Use _____

NAME OF APPLICANT: _____
(Print or Type)

SIGNATURE OF APPLICANT: _____

NAME OF OWNER: _____
(Print or Type)

SIGNATURE OF OWNER: _____

(Chesprocott Health District To Complete This Section)

SANITATION CERTIFICATE (Please include map and/or written statement from Chesprocott confirming location of septic/well)

Sanitarian, Chesprocott Heath District

Date