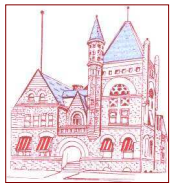
CITY OF WEST HAVEN, CONNECTICUT
ZONING BOARD OF APPEALS

City Hall | 355 Main Street | Third Floor West Haven, Connecticut 06516-0312
Phone 203.937.3580 Fax 203.937.3742



CITY HALL 1898-1967

APPLICATION

APPLICATION FOR:

☐ **VARIANCE**

☐ **COASTAL AREA MANAGEMENT APPROVAL**

☐ **SPECIAL USE EXCEPTION**

☐ **APPEAL OF DECISION OF ZONING ENFORCEMENT OFFICIAL**

APPLICANT
NAME _____
ADDRESS _____
PHONE/EMAIL_____
PROPERTY OWNER
NAME _____
ADDRESS _____
PHONE/EMAIL_____
PARTY TO BE NOTIFIED
ATTORNEY OR AGENT _____
ADDRESS _____
PHONE/EMAIL_____

LOCATION OF PROPERTY _____

ZONE _____

SECTION(S) OF ZONING REGULATIONS THAT IS APPLICABLE _____

DESCRIBE IN DETAIL THIS APPLICATION WITH SUPPORTING DOCUMENTS (SITE PLAN, FLOOR PLAN,BUILDING PLANS, BULK REQUIREMENTS AND NARRATIVE)
_____
_____
_____
_____
_____
_____

HAS A PREVIOUS APPLICATION BEEN FILED FOR THIS PROPERTY?

☐ **YES** ☐ **NO** ☐ **DON'T KNOW**
IF YES, WHEN _____ **ATTACH COPY OF DECISION LETTER**

IS THE PROPERTY LOCATED WITHIN 500 FT OF ANOTHER TOWN ☐ **YES** ☐ **NO**

DOES THIS APPLICATION INVOLVE A BUILDING OR USE IN A HISTORIC DISTRICT?

☐ **YES** ☐ **NO**

DOES THIS PROPOSAL REQUIRE THE APPROVAL OF THE INLAND WETLAND AGENCY? ☐ **YES** ☐ **NO** **IF YES, PROVIDE A COPY OF THE APPROVAL**

WHAT ARE THE VARIANCE REQUEST FOR THIS APPLICATION (USE ZONING REQUIREMENTS) SHOW REQUIRED, PROPOSED AND WHAT WILL EXIST

_____
_____
_____

THE STRUCTURE (S) IS EXISTING ☐ PROPOSED

IF SEEKING A VARIANCE, DESCRIBE THE SPECIFIC LEGAL HARDSHIP OR CLAIMS THAT WILL SUPPORT THIS APPLICATION

_____
_____
_____
_____
_____

PROVIDE FEES AS DETERMINED BY THE STAFF OF THE PLANNING & DEVELOPMENT DEPARTMENT

SUBMIT 13 COPIES OF COLLATED APPLICATIONS AND ALL SUPPORTING DOCUMENTS

<u>CERTIFICATION:</u>

I/WE CERTIFY THAT ALL OF THE ABOVE INFORMATION AND STATEMENTS CONTAINED IN ANY DOCUMENTS SUBMITTED WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE FULLY UNDERSTAND THAT THE ZONING BOARD OF APPEALS RESERVES THE RIGHT TO REVOKE ANY PERMIT SHOULD THE INFORMATION CONTAINED HEREIN NOT BE TRUE AND CORRECT OR THAT INFORMATION REQUESTED BY THIS APPLICATION HAS NOT BEEN FULLY DISCOLSED.

_____ _____
SIGNATURE OF OWNER **SIGNATURE OF APPLICANT**

_____ _____
DATE **DATE**

NOTICE: BY FILING THIS APPLICATION, OWNER AND APPLICANT CONSENT TO SITE INSPECTIONS BY CITY STAFF AND/OR COMMISSIONERS

REV. 1-9-18