



Zoning Board of Appeals

Town of Southington

Municipal Center, 196 North Main Street, Southington, CT 06489 (860) 276-6248

Date Submitted: _____

APPLICATION

Appeal No.: _____

Fee: See fee schedule

Owner name and mailing address: (please print)

Applicant name and mailing address: (please print)

Telephone _____

Telephone _____

Email _____

Email _____

Address of Property: _____

Assessor's Map # _____ Parcel # _____ Volume _____ Page _____

Type of Application: (check one):

_____ *Special Exception _____ *Variance _____ Appeal Ruling of Zoning Enforcement Officer Dated: _____

_____ Other (specify) _____

Zone: _____ Zoning Regulation(s): _____

Nature and Description of Application: _____

For variance application, describe how the zoning regulations impose an exceptional difficulty or undue hardship on this property. Please describe all potential difficulties or hardships (you may continue on the back of the form):

Are the premises within 500' of an adjacent municipality? _____

This appeal relates to: ___ Use ___ Area ___ Yards ___ Height ___ Setback ___ Signs ___ Accessory Building

___ Gasoline Station/Repair Motor Vehicles ___ Sale of Alcohol ___ Other (specify) _____

Signature of Applicant/Owner/Agent _____

(please print) _____

Please include 5 copies of a plot plan (Class A-2 survey) unless waived by the Zoning Enforcement Officer.

An approval of a special exception or variance by the ZBA only becomes effective after proper notice has been published by the Town and the applicant has filed a copy of his/her approval letter with the Town Clerk on the land records (Sect. 8-7 of the Connecticut General Statutes). The applicant must submit the Volume & Page number of the filing on the Land Records to the Planning Department when applying for a subsequent land use permit or Zoning Permit.

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PLANNING STAFF ONLY

Hearing Date: _____ Received by: _____ Sign: _____