

**TOWN OF BOZRAH
ZONING BOARD OF APPEALS
APPLICATION**

Date Submitted _____ Application Number _____
Amount Paid (town fee + state fee) **\$450.00 + \$60.00 = \$510.00** Check Number _____

Affected Property Address (location): _____

Zoning District: _____ Assessor’s Map: _____ Assessor’s Lot: _____

Property Owner(s) Name: _____

Property Owner(s) Address: _____

Property Owner(s) Phone/Cell: _____

Property Owner(s) Email: _____

Applicant/Agent(s) Name: _____

Applicant/Agent(s) Address: _____

Applicant/Agent(s) Phone/Cell: _____

Applicant/Agent(s) Email: _____

Application is being made for:

- _____ Request for Variance of Section(s) _____ of the Town of Bozrah Zoning Regulations. Applicants should understand that the terms “exception difficulty” and “unusual hardship” refer to the ability or practical use of property in a manner that conforms to the town’s zoning regulations. They DO NOT refer to the owner’s inability to fulfill a purely personal wish. An “exceptional difficulty” or “unusual hardship” can’t be economic or personal and must be unique to the subject property. The Board is not permitted to approve variances, which, in effect, constitute a personal license to violate the Zoning Regulations.
- _____ Appeal of a Decision of the Zoning Enforcement Officer under Section(s) of the Town of Bozrah Zoning Regulations.
- _____ Other (Attach narrative)

Is affected property within 500’ of a Town Line? _____

Has any previous variance request or appeal relative to this property been filed with the Zoning Board of Appeals? If so when? _____ (date) If yes, was the variance granted or denied? _____ (attach copy)

Describe in detail the variance being requested. Where locations and dimensions are subject of request, attach a plot plan showing existing and proposed buildings and their sizes, distances from buildings to property lines, etc. Also describe how the front, side and rear property boundaries were determined? Do you have an A-2 survey?

Describe in detail the hardship that supports this variance request (attach narrative if necessary):

In signing the application, you are certifying that the information is correct to the best of your knowledge.

OWNER _____ **Date** _____

APPLICANT _____ **Date** _____

Zoning Board of Appeals Chair _____ Date _____

APPROVED _____ **DENIED** _____

Comments/Conditions:
