

Zoning Board of Appeals

Somers, Connecticut

Application for Hearing

Application Number: _____ Date: _____

Applicant Name: _____

Applicant Address: _____

Location of Property: _____ Zone: _____

Owner of Record: _____

Address: _____

Deed Reference: _____ Volume: _____ Page: _____

Reason for Variance Request:

Zoning Denial Date: _____ Sec. _____ Par. _____ Page: _____

Clearly state why you are requesting a variance for this property and explain what hardship exists/applies in this case. Also, please provide a pertinent sketch or blueprint of the proposed variance.

Signature: _____

Applicant or Representative

Office Use Only

Fee Received _____ (date) for application to Zoning Board of Appeals \$ _____ (fee) from

_____ (owner, builder, attorney, etc.)

Signed