Town of Bethel
ZONING BOARD OF APPEALS

Bethel Municipal Center
1 School Street
Bethel, Connecticut 06801
Phone (203) 794-8578
Fax (203) 794-8595

VARIANCE APPLICATION

Application #          Hearing Date:
===========================================================================================

PROPERTY ADDRESS:

ZONE: _______ ASSESSORS MAP #: _______ BLOCK: _______ LOT: _______

Lot Area (sq. ft.): ____________ The property is ☐ is not ☐ within 500 feet of an adjoining municipality.

OWNER of RECORD: __________________________________________________________

OWNER’ S ADDRESS: __________________________________________ Phone#: ____________

APPLICANTS’ NAME: __________________________________________
(if different from owner)

APPLICANT’S ADDRESS: __________________________________________

Phone#: ____________ Fax#: ____________

Variance Request relates to: ☐ Enforcement Action ☐ Use ☐ Lot Area ☐ Setbacks ☐ Height ☐ Other

If variance is requested for Use, Lot Area, Setbacks or Height:

Existing ____________ Proposed ____________

☐ The property is connected to Town Sewers.  If served by a septic system please check the following that apply:

☐ I have received an approval from the Bethel Health Department for this project. initial
☐ I have not received approval from the Bethel Health Department and will apply at a later date. I understand that the Bethel Health
Department may not approve the project if the property cannot comply with Public Health Code regulations initial

Briefly describe the proposed Project: __________________________________________

List the specific sections of the Zoning Regulations and a brief description of them that require a waiver, or if an appeal from an ACTION, the action that is being appealed:

List the reason(s) why the variance or appeal should be granted, stating clearly the exceptional difficulty or Hardship:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

APPLICANT(S) SIGNATURE (if different than owner) __________________________________________

OWNER(S) SIGNATURE __________________________________________

*** A COPY OF THE ASSESSORS TAX CARD MUST BE SUBMITTED WITH THIS APPLICATION ALONG WITH ALL OTHER REQUIRED INFORMATION AS OUTLINED IN THE ZONING REGULATIONS.

It is the applicant's responsibility to make certain the application is in complete form.