

ZONING BOARD OF APPEALS TOWN OF COLEBROOK

PLEASE TYPE OR PRINT LEGIBLY (PRESS HARD). MAIL OR DELIVER ALL THREE COPIES TO:
FIELD DIRECTOR, PLANNING AND ZONING COMMISSION, COLEBROOK, CT 06021

Name and address of applicant _____ Tel: _____

Interest in property: Owner Contract purchaser Lessee Agent

Name and address of owner of record _____ Tel: _____

To the Board of Appeals:

(I) (We) Hereby apply for
 Variance. Relevant portion of Zoning Regulations _____
 Certificate of Approval of Location _____
 Appeal of a Decision of the Colebrook Planning and Zoning Commission dated _____,
denying _____

Premises located at _____

This appeal relates to: Use Area Yards Height Set-back Density of population
in connection with a: Proposed Building Existing Building

If work constitutes an alteration or extension to an existing building, briefly describe: _____

Has any previous appeal been filed in connection with these premises? _____ If so, date _____

Is hardship claimed? _____ If so, what is the specific hardship? _____

Variance Requested _____

Use to be made of property if variance is granted _____

Application fee for appeals or requests to Zoning Board of Appeals ~~\$50.00~~ 300.00

- Attached hereto and made a part of this petition, the following must be submitted with petition.
1. A plot plan showing location of all buildings and any proposed buildings, and size of same.
 2. When petition concerns set back lines, submit plan or survey showing distance from front, sides, and rear lines to nearest point of each building, or proposed building.
 3. When petition concerns building areas, submit a typical floor plan.

Special exception and variances granted shall expire if a building or zoning permit is not obtained by the applicant(s) within six months from the date of authorization of the special exception or variance.

I do hereby declare under penalty of perjury that the above information is complete and accurate to the best of my knowledge and belief.

Signature of owner or authorized agent _____ Date _____

Permit Approved Denied

Chairman _____ Date _____