

I (We) hereby Appeal/Apply to the Zoning Board of Appeals of the Town of Warren:

- From an Order or Decision made by the Zoning Enforcement Officer - Permit # _____ (if applicable)
 For a variance from Section _____ Subsection _____ of the Zoning Regulations.

The appeal relates to:

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Lot Area | <input type="checkbox"/> Minimum Square | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lot Frontage | <input type="checkbox"/> Rear Yard | _____ |
| <input type="checkbox"/> Front Yard | <input type="checkbox"/> Stories | _____ |
| <input type="checkbox"/> Side Yard | <input type="checkbox"/> Height | _____ |

Additional Comments: _____

Location of affected premises:

Street Address: _____ Zone: _____

Tax Assessor's Map: _____ Block: _____ Lot: _____

Subdivision Map Titled: _____

Dated: _____ Date Map filed with Town Clerk: _____

Variance of Section(s) _____ of the Zoning Regulations is requested because:

A. Literal enforcement of the regulation would result in **exceptional difficulty** or **unusual hardship** because:

B. The hardship created is **unique** and not shared by all properties because:

C. The Variance would not change the **character of the neighborhood** because:

D. The variance would be in **harmony** with the general purpose and **intent** of the regulations with due consideration for conserving the public health, safety, convenience, welfare and property values because:

The decision or order made by the Zoning Enforcement Officer is Appealed because:

Owner/Appellant: _____

Address: _____

Authorized Agent: _____

Address: _____

Signature of Applicant/Appellant	Phone	Date

Notice: The application shall be submitted to the Town Clerk accompanied by the following:

- Application Fee of \$90.00 payable to the Town of Warren
- Application Form (10 copies)
- Copy of Deed to Owner of Premises (10 copies)
- Map showing Existing and Proposed Improvements and Setbacks (10 copies)
- Additional Documents as Desired (10 copies)

Received by Warren Town Clerk on: _____ by: _____
(Date) (Signature)