Note: The Zoning Board of Appeals may, in its sole discretion, refuse to act upon an application not properly completed and or lacking supporting documentation.

1. The applicant shall complete the attached application form and submit it to the ZBA Office:
   - Applications will be reviewed for completeness by the Board at the meeting following its submission to the ZBA Office.
   - The Public Hearing will then be scheduled for the following month’s regularly scheduled Board meeting.

2. Each application to the Board shall:
   - Fully set forth the circumstances of the case
   - Refer to the specific provisions of the Zoning Regulations involved
   - Exactly set forth the interpretation that is applied for and the grounds on which it is claimed that the variance should be granted
   - Be accompanied by $140.00 cash or a check made payable to the Town of North Stonington. ($80.00 application fee and $60.00 for CT DEP fee)
   - Identify the ‘Hardship’ in applying for a variance

3. Eleven (11) copies of the following shall be submitted with the application:
   - The complete deed including all variances filed on the land records
   - Drawing of the proposed structure
   - If wetlands are involved, a statement from the Inland Wetlands Commission
   - A legible copy of the appropriate tax map and a plot plan showing property boundaries, building location, location of the well and septic system, proposed building/addition location including distances along boundaries, between buildings, and between buildings and boundaries. It must also show abutting property owners.
   - For an application for an addition to existing structures, a photograph of the existing structure showing where the addition is planned
   - The Tax Assessor’s Card (both sides) and GIS Map for the property

4. Proof that abutting property owners have been notified of the application shall be provided by the applicant at the Public Hearing.

*(Postal ‘Green Cards’ are acceptable proof if they were mailed a minimum of seven (7) calendar days prior to the date of the Public Hearing)*
5. Each applicant will be notified by mail as to the date of the Public Hearing. The applicant and/or designated representative shall be present at the Public Hearing to offer evidence in support of the application.

   An applicant other than the property owner shall have a ‘Notarized Power of Attorney’ from the owner designating said applicant as the duly authorized representative for the application.

6. Any additional documentation/evidence presented during the Public Hearing will become the property of the ZBA.

   The applicant shall make at least eleven (11) copies of all additional information so that each member or the Board has a copy, and the remaining copies will be for the Record and the Land-Use Offices.
Zoning Board of Appeals Application

Application Number: ________________________________ Receipt Date: ________________________________

Application Fee $140.00
($80.00 Application fee & $60.00 CT DEP fee)
Check No./Cash _____________

A. To the Zoning Board of Appeals

In a matter involving property owned by: ________________________________________________________
Street Address: _____________________________________________________________________________
Mailing address: ____________________________________________________________________________

Located on the ____________ side of _____________________________________________________________
approximately ____________ feet, ____________ (direction) from the intersection of
__________________________ with ______________________ in a __________ zone.

Street address of property in question: ___________________________________________________________________
Tax Map___________, Lot/GIS PIN__________________________

I (We) hereby appeal/apply to the Board for the following:

____ 1. Correction of an error in an order, requirement, or decision made by the
   Zoning Enforcement Officer
____ 2. A variance from the application of the Town of North Stonington Zoning
   Regulations

This application relates to the following:

Use_____ , Bulk Requirements _____, or Other
   (explain) _______________________________________
Variance Requested: __________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Is the property located within 500 feet of another town?
Yes_____ No______ . If ‘yes’, name of town _____________________________________________

Describe the order or decision complained of or the variance requested, and indicate
the Section(s) of the North Stonington Zoning Regulations pertaining to the
application: __________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Form PZ110-003
B. What the applicant proposes to do with the property in question: (be specific)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

C. Grounds for Appeal or Variance – Please state hardship and how the Zoning Regulations have caused this hardship.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

D. If the person filing this application is other than the owner, state:
Name: _______________________________________________________________
Address: _______________________________________________________________________
Phone No.: ______________________  Work No.: __________________________
Submitted by ________________________  (*Applicant’s Signature)

*An applicant other than the property owner shall have a ‘Notarized Power of Attorney’ from the owner designating said applicant as the duly authorized representative for the application.

Mailing Address of Applicant:
____________________________________________________________________
____________________________________________________________________
Phone No.:_____________________________

Date completed and filed by ZBA Office: ______________________