

# ZONING BOARD OF APPEALS

SOMERS, CONNECTICUT  
APPLICATION FOR HEARING

\$360.00 NON-REFUNDABLE APPLICATION FEE

\$100.00 for each additional variance request.

Application Number: \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Applicant E-mail \_\_\_\_\_

Address \_\_\_\_\_

Location of Property \_\_\_\_\_ Zone A A1 B I (CIRCLE)

Owner of Record \_\_\_\_\_

Address \_\_\_\_\_

Deed Reference Volume \_\_\_\_\_ Page \_\_\_\_\_

Variance  Appeal of Decision  Other \_\_\_\_\_

Zoning Section \_\_\_\_\_

Description of request: \_\_\_\_\_ (ex: side yard, height, front yard)

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

Signature \_\_\_\_\_

All applicants hereby certify that they are the \_\_\_\_\_ owner of record for the above referenced property or they are an appointed representative of the \_\_\_\_\_ owner of record with permission to act on behalf of the property owner.  
(Please check one)

## OFFICE USE ONLY

Decision Date \_\_\_\_\_

Decision:

Conditions: