

APPLICATION MUST BE TYPEWRITTEN

APPEAL NO.

ZONING BOARD OF APPEALS
761 OLD MAIN STREET, ROCKY HILL, CT 06067

FEE \$ 150.00
SIGNS \$ 50.00

APPLICATION FOR VARIANCE OF ZONING REGULATIONS
OR APPEAL FROM THE ZONING ENFORCEMENT OFFICER'S DECISION

LOCATION (ST#) (STREET NAME)

TAX ASSESSOR'S MAP NO.: BLOCK NO.: LOT NO.: ZONE

NAME AND ADDRESS OF APPLICANT: TELEPHONE:

NAME AND ADDRESS OF OWNER: TELEPHONE:

NAME AND ADDRESS OF ENGINEER: TELEPHONE:

TYPE OF VARIANCE: AREA YARD HEIGHT SETBACK
SIGN OTHER AMOUNT OF VARIANCE

WHAT SECTION OF ZONING ORDINANCE IS THIS APPEAL BASED UPON?

HAS A PREVIOUS APPEAL BEEN FILED IN CONNECTION WITH THIS PREMISES?

DESCRIBE BRIEFLY VARIANCE REQUESTED

WHAT IS THE SPECIFIC HARDSHIP?

Hereby depose and say that all the above statements and the statements contained in any papers submitted herewith are true to the best of my knowledge and belief.

SIGNATURE OF OWNER

SIGNATURE OF APPLICANT

ZONING ENFORCEMENT OFFICER

The Applicant at all times shall observe and comply with all Federal, State Laws, and Local by-laws, ordinances and regulations. The Applicant agrees that they shall defend, indemnify, and save harmless the Town of Rocky Hill its Zoning Board of Appeals, and all their officials, employees, and/or its agents from and against all claims, liens, charges, suits, damages, causes of action, judgment cost (including reasonable attorneys fees) losses, and expenses of any kind, directly or indirectly caused by Applicant, from or arising out of any act or omission of applicant in the application process before the Zoning Board of Appeals.

HEARING DATE APPROVED TABLED FILED