

ZBA VARIANCE or APPEAL APPLICATION

WESTPORT ZONING BOARD OF APPEALS Tel: 203-341-1030 Fax: 203-454-6145

INSTRUCTIONS for APPLICANT: For Questions visit P&Z office Daily 9:00-11:30.

Complete pgs 1 & 2 then, REVIEW & COLLECT ALL materials listed on pgs 3&4.

When all is collected DROP OFF to P&Z OFFICE DAILY between 8:30 & 4:00.

After the STAFF REVIEW is complete, a Hearing Date will be set. Please Review pgs. 5&7.

Note: Commercial projects may require Architectural Review Board approval,

If needed. You MUST submit ARB application BEFORE going to ZBA Hearing.

OFFICE USE ONLY

Application#: _____

Submission Date: _____

Receipt Date: _____

Fee Paid: _____

1. Property Address: 222 Hillspoint Road Zone: Residence B
Commercial Property: or Residential:
2. Applicant's Name: Attorney Joel Z. Green, as Agent E-Mail: joelzgreen@gglaw.net
Applicant's Address: Green & Gross, P.C., 1087 Broad Street, Bridgeport, CT 06604 Daytime Tel: 203-335-5141

NOTE: Below List Owner's Name (s) as appears on the DEED (No abbreviations) If more space needed submit list.

3. Property Owner's Name: Soundview Empowerment Alliance Inc. E-Mail: _____
Property Owner's Address: 20 Charles Street, Suite 116, Westport, Connecticut 06880 Daytime Tel: _____

4. Is this property on: a Septic System: or Sewer:
5. Is this property within 500 feet of any adjoining municipality? Yes No
6. Does this project involve the **demolition** of any structures that are **50 years old or more**? Yes No

7. Briefly Describe your Proposed Project:
N/A

8. Will any part of any structures be demolished? No Yes - If Yes Attach a Demolition Plan:
N/A

9. List each "**Regulation Section Number**" you are requesting a variance for: *i.e. (Sec 6-2 = Set back)*
N/A

10. List any other variances that are requested to legalize any previous issues: *i.e. (Sec 11-5 Coverage for existing shed)*
N/A

11. List the **PROPERTY HARDSHIP(s)** or **REASON(s)** why this Variance or Appeal should be granted, stating clearly the exceptional difficulty **REGARDING YOUR PROPERTY**. **Note: Financial Hardship will NOT warrant a variance approval see pg 5.**
See attached Statement in Support of Appeal

12. I hereby certify that the above information is correct and that the accompanying exhibits attached are true.
See Attached

Joel Z. Green
Applicant's Signature (If different than owner)

See Attached
Owner's Signature (Must be signed)

If the applicant is unable to obtain the signature of the property owner, a letter of authorization by the property owner must be submitted.

TO BE COMPLETED BY OWNER/ APPLICANT

After all required materials are collected, DROP OFF to P&Z OFFICE DAILY between 8:30 & 3:00 ONLY.

BUILDING PLANS (TITLE) N/A

BY: _____ DATE _____ NUMBER of PGS. _____

REVISED DATE _____ NUMBER of PGS. _____

SURVEY OR SITE PLAN (TITLE) N/A

BY: _____ DATE _____ NUMBER of PGS. _____

REVISED DATE _____ NUMBER of PGS. _____

GROSS LOT AREA: N/A NET LOT AREA: (less 80% wetlands or steep slopes): N/A

SETBACKS: Front / Side / Rear) (From Survey)

Existing: _____ / _____ / _____

Required: _____ / _____ / _____

Proposed: _____ / _____ / _____

FLOOR AREA / FAR:

Existing: _____

Allowed: _____

Proposed: _____

COVERAGE: Building / Total (From Survey)

Existing: _____ / _____

Required: _____ / _____

Proposed: _____ / _____

PARKING:

Existing: _____

Required: _____

Proposed: _____

HEIGHT: In Feet / # of Stories

Existing: _____ / _____

Required: _____ / _____

Proposed: _____ / _____

SIGNS:

Existing: _____

Required: _____

Proposed: _____

ATTIC / HALF STORY:

Existing: _____ / Proposed: _____

LANDSCAPING:

Existing: _____

Required: _____

Proposed: _____

CRAWL SPACE - CELLAR - BASEMENT:

Existing: _____ / Proposed: _____

NOTE: If you submit Revised Plans – You MUST SUBMIT A COVER LETTER listing EACH CHANGE & 9 COPIES.

REVISIONS FEE: Revised Plans, which require additional staff review **ADDITIONAL FEE** of **HALF** of original Appl. fee is **REQUIRED**.