

# 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: \_\_\_\_\_ Zone: \_\_\_\_\_  
Commercial Property: or Residential:
2. Applicant's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Applicant's Address \_\_\_\_\_ Daytime Tel: \_\_\_\_\_

**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: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Property Owner's Address: \_\_\_\_\_ 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:

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.**

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

\_\_\_\_\_  
**Applicant's Signature** (If different than owner)

\_\_\_\_\_  
**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)** \_\_\_\_\_

BY: \_\_\_\_\_ DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_  
REVISED DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_

**SURVEY OR SITE PLAN (TITLE)** \_\_\_\_\_

BY: \_\_\_\_\_ DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_  
REVISED DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_

**GROSS LOT AREA:** \_\_\_\_\_ **NET LOT AREA:** (*less 80% wetlands or steep slopes*): \_\_\_\_\_

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

Existing: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Required: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Proposed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXISTING: Pool equipment is 28' from side yard (variance received 1995).  
PROPOSED: Pool equipment will be removed.

**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**.