

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: _____ / _____ / _____

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.**