

ZONING BOARD of APPEALS - TOWN of EAST HAVEN
VARIANCE APPLICATION

Appeal Number. _____ Date _____ Application Fee _____

[1] Property Location: _____

[2] Assessor's Card Info:
Zoning District _____ Map# _____ Block# _____ Parcel# _____

[3] Property Owners Information:

Name: _____ Phone# _____

Address: _____

[4] Applicant's [if different from owner] Information:

Name: _____ Phone# _____

Address: _____

[5] Complete description of work to be done: _____

[6] Variances required: _____

[7] Strict application of the Regulations would produce an UNUSUAL circumstance or an UNDUE HARDSHIP on the land/property. Describe this condition [**this section must be completed**] _____

[8] Has this property ever received a previous variance(s)? YES [☐] NO [☐]

If "yes"; when was it received _____

[9] Will the granting of this Variance lead to the creation of any additional dwelling units?
YES [☐] NO [☐]

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ENGINEERING DEPARTMENT INFORMATION

It is the applicant's responsibility to have a representative of the ENGINEERING OFFICE (located on North High Street, 2nd floor of the Public Works building) review and sign-off on this portion of the Variance Application ***BEFORE*** returning it to the Zoning Office.

- [9] (a) CAM. Approval required? ☐ YES ☐ NO
 (b) FLOOD & EROSION Approval required? ☐ YES ☐ NO
 (c) INLAND/WETLAND Approval required? ☐ YES ☐ NO

Engineering Official making determination_____

If any of the above agencies require an approval, the Zoning Board of Appeals is prohibited from rendering a decision until these issues are decided

[10] Signature of Applicant/Owner _____

BOARD and STAFF USE ONLY

Variance Application: ☐ granted ☐ granted w/conditions ☐ denied

Conditions imposed: _____

Reason for Decision: _____

Chairperson: _____ Date: _____