



**ZONING BOARD OF APPEALS
VARIANCE APPLICATION**

APPLICATION NUMBER: _____
\$400.00 BASE FEE
\$60.00 – FILING FEE
\$100.00 – EACH ADDITIONAL VARIANCE

Applicant is Requesting a variance of the Wallingford Zoning Regulations

1. Street Address or Location of Property: _____
(PLEASE PRINT)
2. Zoning District of Property: _____
3. Indicate type of variance requested (e.g. lot area, side yard) and the Section of the Zoning Regulations being varied. If more than one variance, list each separately.

| <u>Type of Variance</u> | <u>Section of Zoning Regulations</u> | <u>Required by Regulations</u> | <u>Existing</u> | <u>Proposed</u> |
|-------------------------|--------------------------------------|--------------------------------|-----------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

4. Briefly state the purpose of the proposed variance (e.g., "to build a two-car garage") _____

5. Briefly describe why strict application of regulations would produce an unreasonable hardship in the land: _____

6. If any variances for the Property have previously been requested, please complete the following section:
 - a) Date(s) of ZBA action: _____
 - b) What variance(s) were requested: _____
 - c) What variance(s) were granted: _____

7. APPLICANT: Interest in property: Owner: _____ Other: _____

Name(s): _____ Signature: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

8. PROPERTY OWNER(S) OF RECORD: (Please list mailing address. **This section must be completed.**)

Name(s): _____ Signature: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

9. Please list below the names and mailing addresses of all abutting property **owners**. (Those properties that are directly adjacent or contiguous to yours) This information can be obtained from the Wallingford Assessor's Office.

Name **Mailing Address**

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

(Attach additional sheet(s) if necessary)

10. Please provide directions to the subject property from a well-recognized Town Road. _____

NOTES TO APPLICANT:

1. Please provide eleven (11) copies of a map or plan drawn to scale clearly illustrating the variance(s) requested. (The plan must show the property boundaries, **all existing and proposed** buildings and dimensions for any setback, size area or height related variance request)
2. The Applicant must notify abutters by Certificate of Mailing, 10-15 days prior to the Public Hearing by sending them a copy of the Legal Notice. The Legal Notice will be sent to the Applicant at least 15 days prior to the meeting. Certificates of Mailing must be returned to the Planning & Zoning Office at least five (5) days prior to the meeting.
3. The extent of any variance granted is limited to only that represented on the plan submitted as part of this application.

(FOR ZBA USE ONLY)

DECISION: [] GRANTED [] DENIED EFFECTIVE DATE _____

REASON(S) FOR DECISION: _____

CONDITION(S): _____

The extent of any variance granted is limited to only that represented on the plan submitted as part of this application.

SIGNED: _____

TITLE: _____

**CHECKLIST OF ITEMS TO SUBMIT
WITH VARIANCE APPLICATION**

1. One (1) original, completed application form
2. Supporting documentation (if needed), original plus ten (10) copies
3. Original survey, plus ten (10) copies
4. Original plan (e.g. elevations, building height, etc.), plus ten (10) copies
5. List of abutters if not listed on application
6. \$400.00 fee (check or money order must be made payable to "Town of Wallingford") plus \$100.00 for each additional variance
7. \$60.00 fee for the filing of the Variance on the Land Records (check or money order must be made payable to "Wallingford Town Clerk")