



TOWN of BEACON FALLS  
*Connecticut*

Zoning Board of Appeals

APPLICATION ZONING BOARD OF APPEALS

File no. -----

Date of Filing -----

FEE \$      Dollars, check or money order-- Payable to,  
 Town of Beacon Falls (no cash)

Plot Plan Identical with one presented to the Zoning Commission  
 Showing

- (A) Dimensions of Land and Buildings.
- (B) Existing Building in solid lines, Proposed Building Alteration or Addition in Broken Lines.
- (C) Distance from Front/Side/and Rear property lines to Proposed Building ,if building is involved.

Other Documents;

- (A) Letter of Denial, Ruling or Order from the Zoning Commission or Zoning Enforcement Officer to Applicant.
- (B) Letters from adjoining Property Owners, if possible indicate their opinion with respect to the Application.
- (C) Correspondence with State of Conn. if involved.

All of the above to be forwarded to the Zoning Board of Appeals.

Note;; Application must be completed in full to be accepted  
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Names      Applicant ----- Phone -----  
             Address -----

            Owner ----- Phone -----  
             Address -----

            Lessee ----- Phone -----  
             Address -----

            Agent ----- Phone -----  
             Address -----

Location Address of Property-----

Zoning: Residential District R-1----R-2----R-3----

Business B1-----

Industrial----- Other-----

One Family----- Two Family----- Other-----

Public Water----- Public Sewer-----

Well Water----- Septic System-----

Precise Variance Sought.

Zoning Ordinance/Appeal from decision of -----  
Section of the Zoning Ordinance appealed from:

Property Size/Complete this section for change in lot size.  
Zoning Requirement Area -----sq. ft.  
Original Area of Property-----sq. ft.  
Proposed Change in Area  
Parcel no. (1)-----sq. ft.  
no. (2)-----sq. ft.  
no. (3) -----sq. ft.

Complete this section for change to Set Back Dimensions  
Zoning Set Back Requirements:

Front -----Ft.  
Rear -----Ft.  
R/side-----Ft.  
L/side-----Ft.

Proposed change in Set Backs.

Front-----Ft.  
Rear -----Ft.  
R/side-----Ft.  
L/side-----Ft.

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Name of Adjacent Property Owners  
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Hardship:

Describe in detail the ( Exceptional difficulty or unusual hardship) which results from a literal enforcement of the Zoning ordinance and state how this condition is peculiar to your lot and not applicable to the area as a whole.  
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Previous Variance. Have any previous variance been sought for this property? If so Date (s) -----  
and decision of the Zoning Board of Appeals  
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I hereby depose and say that all the above statements and the statements contained in any papers submitted herewith are true to the best of my knowledge.

SIGNED-----

WITH AN  
ARROW IN  
THE CORNER

