

CITY OF STAMFORD ZONING BOARD OF APPEALS

APPLICATION PACKET

Board Members

Joseph Pigott, Chair

Lauren Jacobson

George Dallas

Alternate
Ernest Matarasso
Matthew Tripolitsiotis
Jeremiah Hourihan

Land Use Administrative Assistant Mary Judge

ALL APPLICANTS MUST MAKE AN APPOINTMENT WITH THE ZONING ENFORCEMENT OFFICE FOR PLAN REVIEW OF ZBA APPLICATIONS AT LEAST TWO WEEKS PRIOR TO THE APPLICATION DEADLINE.

	Date:	
tal boundary?	Yes () No ()	
astal regulation?	_No () N/A ()	
	Date:	
ZONING BOARD	70.0	
	tal boundary? astal regulation?	tal boundary? Yes () No () astal regulation? No () N/A ()

ZONING BOARD OF APPEALS FEES Checks only, payable to "City of Stamford" 2 separate checks are required with completed application

1 -3 Family	VARIANCE	\$260.00
All requests	EXTENSION OF TIME REQUESTS	\$200.00

ADDITIONAL \$1000.00 PUBLIC HEARING FEE REQUIRED FOR ALL APPLICATIONS LISTED BELOW:

MULTI-FAMILY (4 FAMILY +) \$260.00 (for 3 families) plus 100.00 per each additional family unit.

ALL OTHER VARIANCE APPLICATIONS \$460.00

SPECIAL PERMIT

All applications \$460.00

APPEAL OF ZONING ENFORCEMENT OFFICER'S DECISION

All applications \$460.00

GASOLINE STATION SITE APPROVAL \$460.00

LAND RECORDS RECORDING FEE \$65.00 for 2 pages -\$5.00 for each additional page (Returned if the application is denied)

IMPORTANT - PLEASE NOTE:

Applicants will be required to pay for Legal Notices (3) published in The Advocate. Instructions for payment will be noted on the Notification Letter which will be sent to you approximately 3 weeks prior to the Public Hearing. Failure to make payment will result in the application being removed from the Agenda.

CITY OF STAMFORD ZONING BOARD OF APPEALS

Stamford Government Center 888 Washington Blvd. P.O. Box 10152 Stamford, CT 06904-2152

Telephone 203.977.4160 - **Fax** 203.977.4100 - **E-mail** mjudge@stamfordct.gov

PLEASE PRINT ALL INFORMATION IN INK

 I/we hereby apply to the Zoning Board of Appeals for: () Variance(s) () Special Permit () Appeal from Decision of Zoning Enforcement Officer () Extension of Time () Gasoline Station Site Approval 						
2. Address of affected premises:						
street	zip code					
Property is located on the north () south () east () west() side of the street.					
Block: Zone: Is the structure 50 years or older () yes () No	Sewered Property () yes () no					
Corner Lots Only: Intersecting Street: Within 500 feet of another municipality: No () Yes () Town of					
3. Owner of Property:						
Address of Owner:	Zip					
Applicant Name:						
Address of Applicant	Zip					
Agent Name:						
Address of Agent:	Zip					
EMAIL ADDRESS:(Must be provided to recei	ive comments from letters of referral)					
Telephone # of Agent	Telephone # of Owner					

(CONTACT IS MADE WITH AGENT, IF ONE)

4.	List all structures and uses presently existing on the affected property:
5.	Describe in detail the proposed use and give pertinent linear and area dimensions:
	VARIANCES (complete this section for variance requests only) See a Zoning Enforcement Officer for help in completing this section Variance(s) of the following section(s) of the Zoning Regulations is requested (provide detail of what is sought per the applicable section(s) of the Zoning Regulations):

out the strict letter of the Regulations solely with respect to a parcel of land where conditions especially affect such parcel but do not affect generally the district in which it is situated. In your own words:
A. Describe the unusual hardship in being unable to carry out the strict letter of the Zoning Regulations:
B. Explain why the variance(s) is/are the minimum necessary to afford relief:
C. Explain why granting of the variance(s) would not be injurious to the neighborhood.
SPECIAL PERMIT (Complete this section only for special permits)
SPECIAL PERMIT is requested as authorized by Section(s) of the Zoning Regulations.
Provide details of what is being sought:

Variances of the Zoning Regulations may be granted where there is unusual hardship in the way of carrying

SIGNATURE REQUIRED FOR ALL APPLICATIONS

	Signature of :	()Agent	() Applicant	()Owner
Date Filed:					
Zoning Enforcement	ent Officer Com	ments:			
DECISION OF TH (Complete this section			NT OFFICER rcement officer decision	ո։	
DECISION OF THE ZONING ENFORCEMENT OFFICER dated is appealed because:					

Filing Instructions

The Application Package for all requests must include the following items:

- 1. Checks payable to the City of Stamford for the appropriate filing and recording fees
- 2. In addition to the above, check payable to the City of Stamford for \$65.00 filing fee for Town Clerk's Office.
- 3. One(1) original and (11) eleven copies of a Class A-2 Survey which must include Existing and Proposed Conditions, an "ORIENTATION MAP" and FOLDED to no larger than 8 $\frac{1}{2}$ x 14 inches.
- 4. One (1) set of originals and (11) eleven copies of floor plans and elevations in sketch form including dimensions, FOLDED to no larger than 8 ½ x 14 inches.
- **5.** A legal description of the property (can be obtained from the Town Clerk's Office).
- **6.** Signed Waiver of Time Requirement
- 7. Agent authorization letter if applicant or agent is not the property owner
- 8. Applicant will be notified by mail of hearing date and procedures to be followed

General Notes:

All items submitted as part of the application or at the hearing will become part of the permanent record and may not be returned.

Items submitted at the Public hearing must conform to the Zoning Board of Appeals Policy on Exhibits, effective March 10, 2001.

Instructions for Notification of Neighbors will be mailed to the agent/applicant once a determination of the public hearing date has been decided.

Applications are subject to rejection if incomplete or illegible.

All applications are submitted to other City departments on referral, correspondence regarding referrals will be available for review prior to public hearings.