

CITY OF NORWALK - VARIANCE APPLICATION

10/15/20

FEES (includes State of CT land use fee)	
1&2 FAMILY RESIDENTIAL	\$260.00
MULTI-FAMILY	\$560.00
COMMERCIAL/INDUSTRIAL	\$560.00
APPEALS	\$260.00
EXTENSION OF TIME	\$510.00

FOR ZBA USE

VARIANCE # _____

Application for:

- Variance Appeal
- Special Permit Special Exception
- Extension of time

Eleven (11) copies of this application, eleven (11) copies of Class **A-2 Survey** showing all buildings - existing and proposed, and eleven (11) sets of dimensioned, scaled general arrangement **project drawings**, where applicable, must be filed along with the application fee of – . Answer all questions fully using separate sheet if necessary. Please read instructions carefully. **All applications and supplemental information sheets must be typed.**

_____, 20 _____

LOCATION: _____ DATE ACQUIRED: _____
(Street Address)

APPLICANT: _____ ADDRESS: _____
_____ TEL. # _____

OWNER: _____ ATTORNEY: _____
(If other than applicant)

ADDRESS: _____ ADDRESS: _____

PLATE ___ DIST. ___ BLOCK ___ LOT ___ ZONE ___ FL. ELEV. ___ CAM _____

1. STATE VARIANCE OR APPEAL REQUESTED (SPECIFY ZONING SECTIONS).

2. STATE PRACTICAL DIFFICULTIES OR UNNECESSARY HARDSHIPS. (VARIANCE ONLY.)

3. IF APPLICATION IS FOR SETBACK VARIANCE, STATE REQUIRED DISTANCE, PROPOSED DISTANCE (EACH AS SHOWN ON SURVEY), AND STATE REQUIRED VARIANCE DIMENSION (FEET AND DECIMAL FRACTION).

4. IF APPLICANT IS NOT THE OWNER, STATE APPLICANTS INTEREST:

5. WHAT PREVIOUS APPLICATION(S) HAVE BEEN MADE FOR VARIANCE FOR THIS PROPERTY. (Give file number and copies if applicable).

6. DOES PROPERTY CONTAIN WETLANDS OR A WATERCOURSE?

7. IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY ALL ADJOINING PROPERTY OWNERS INCLUDING THOSE ACROSS THE STREET (SEE ATTACHED NOTIFICATION INSTRUCTIONS). LIST THE NAME AND MAILING ADDRESS OF SUCH OWNERS.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I HEREBY CERTIFY THAT ALL OF THE STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT.



Property Owner Signature



Applicant Signature

(FOR BOARD USE ONLY)

HEARING DATE: _____ **EFFECTIVE DATE:** _____
GRANTED ()
GRANTED WITH CONDITIONS ()
DENIED ()
DENIED W/O PREJUDICE

(Chair)