

Town of Harwinton – Zoning Board of Appeals  
Application for Variance

Appropriate fee and exhibits must accompany application.

Fee: \$225

(includes application fee of \$155 and CT State DEP fee of \$60 required per CGS 22a-27j and \$10 Permit Link Fee.)

The application must submit along with the application four (4) copies of an A-2 Survey prepared by a surveyor licensed in the State of Connecticut. The survey must show, at a minimum, the following:

- A. Property boundaries (existing and proposed) and their dimensions and bearings;
- B. Location of all structures including signs (existing and proposed) with labels;
- C. Dimensions and locations of all required setbacks;
- D. Locations of all streets, driveways and parking areas (existing and proposed);
- E. Locations and dimensions of all easements, right-of-ways, etc;
- F. An Assessors map showing the property location; and
- G. Other information necessary to determine the exceptional difficulty or unusual hardship claimed by the application (i.e.: wetlands, ravines, significant trees, etc.)

AT LEAST TEN (10) DAYS PRIOR TO THE PUBLIC HEARING, THE APPLICANT SHALL SEND, BY CERTIFICATE OF MAILING, A NOTICE REGARDING THE PUBLIC HEARING TO ALL PERSONS WHOSE PROPERTY IS ADJACENT TO THE PROPERTY AFFECTED BY THE APPLICATION. EVIDENCE OF THE MAILING SHALL BE PRESENTED TO THE ZONING BOARD OF APPEALS AT THE PUBLIC HEARING.

\*A list of all property owners and their addresses can be obtained at the Assessor's office.

Note: Plot plan by a surveyor not required unless the proposed structure is larger than 200 square feet.

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Property Location/Address \_\_\_\_\_

Assessor's Map No. \_\_\_\_\_ Zone \_\_\_\_\_

Is this property located within five hundred (500) feet of another municipality?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name of municipality \_\_\_\_\_

Lot Dimensions (width, depth) \_\_\_\_\_ Lot Area \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Purchase Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Section(s) of the Zoning Regulations from which a variance is requested

\_\_\_\_\_

Precise Variance(s) Sought (i.e. side, front and/or back yard and # of feet) \_\_\_\_\_

\_\_\_\_\_

Structure Type (i.e. shed, garage, addition, etc.)

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Describe briefly:

(a) Strict application of the regulations would produce undue hardship because:

\_\_\_\_\_  
\_\_\_\_\_

(b) The hardship created is unique and not shared by all properties alike in the neighborhood because: \_\_\_\_\_

\_\_\_\_\_

(c) The variance would not change the character of the neighborhood because:

\_\_\_\_\_  
\_\_\_\_\_

All owners whose property is within 200 feet of any portion of the subject property including that property directly across the street to be notified by Certificate of Mailing:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Has a previous variance application been filed for this property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state when and describe fully \_\_\_\_\_

\_\_\_\_\_

Date of receipt of complete application, fee, and exhibits \_\_\_\_\_

Date of hearing \_\_\_\_\_

Application received by \_\_\_\_\_