

Town of Bethel

ZONING BOARD OF APPEALS

DATE: _____

FEE PAID: _____

Bethel Municipal Center
1 School Street
Bethel, Connecticut 06801
Phone (203) 794-8578
Fax (203) 794-8595

VARIANCE APPLICATION

Application # _____

Hearing Date: _____

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PROPERTY ADDRESS: _____

ZONE: _____ **ASSESSORS MAP #:** _____ **BLOCK:** _____ **LOT:** _____

Lot Area (sq. ft.): _____ The property is is not within 500 feet of an adjoining municipality.

OWNER of RECORD: _____

OWNER'S ADDRESS: _____ **Phone#:** _____

APPLICANTS' NAME: _____
(if different from owner)

APPLICANT'S ADDRESS: _____

Phone# _____ **Fax#:** _____

Variance Request relates to: Enforcement Action Use Lot Area Setbacks Height Other

If variance is requested for Use, Lot Area, Setbacks or Height:

Existing _____ **Proposed** _____

- The property is connected to Town Sewers. If served by a **septic system** please check the following that apply:
- I have received an approval from the Bethel Health Department for this project. _____ initial
- I have not received approval from the Bethel Health Department and will apply at a later date. I understand that the Bethel Health Department may not approve the project if the property cannot comply with Public Health Code regulations. _____ initial

Briefly describe the proposed Project: _____

List the specific sections of the Zoning Regulations and a brief description of them that require a waiver, or if an appeal from an ACTION, the action that is being appealed: _____

List the reason(s) why the variance or appeal should be granted, stating clearly the exceptional difficulty or Hardship:

APPLICANT(S) SIGNATURE (if different than owner)

OWNER(S) SIGNATURE

***** A COPY OF THE ASSESSORS TAX CARD MUST BE SUBMITTED WITH THIS APPLICATION ALONG WITH ALL OTHER REQUIRED INFORMATION AS OUTLINED IN THE ZONING REGULATIONS.**

It is the applicant's responsibility to make certain the application is in complete form.