

**ZONING BOARD OF APPEALS  
CHESHIRE CONNECTICUT**

DATE \_\_\_\_\_

**APPLICATION FOR VARIATION OF ZONING ORDINANCE REQUIREMENTS;**

Applicant \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Location of Property (if different) \_\_\_\_\_ Zone \_\_\_\_\_

Deed to this property located on Cheshire Land Records: Volume: \_\_\_\_\_ Page \_\_\_\_\_

Assessor's Map Plate # \_\_\_\_\_ Lot # \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ e-mail \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_

(As recorded on deed)

Variance requested show number of pertinent sections of zoning regulations and variance desired): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(The resulting front/side/rear line setback requested is \_\_\_\_\_ feet).

Reason for Variance (i.e. pool, addition, etc.) \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

Is an A-2 survey enclosed? \_\_\_\_\_ Is a waiver of an A-2 survey requested? \_\_\_\_\_

Agent, if different than applicant \_\_\_\_\_ Phone \_\_\_\_\_

(NAME)

(ADDRESS)

(CITY)

(STATE)

The application must be received 17 days before the hearing accompanied by a filing fee. Fees (including state fees and required Public Hearing fee) is \$310.00 for residential and \$385.00 for commercial; industrial. Disclaimer: Additional information may be required, please contact the Planning office for complete application packets. Rev. Dec. 2021

**THE FOLLOWING IS A CHECK LIST TO ENSURE THAT ALL NECESSARY APPLICATIONS HAVE BEEN  
FILED WITH THE PLANNING OFFICE**

(Please check one)

YES

NO

- |  |     |     |
|--|-----|-----|
| 1. Have any variances previously been granted or denied on this property?<br><br>If so, when? _____  | ( ) | ( ) |
| 2. Are you requesting a waiver of the Class A-2 Survey?<br>(If so, this must be in writing.)   | ( ) | ( ) |
| 3. Are there any wetlands on the property?   | ( ) | ( ) |
| 4. Is the property within the watershed area?<br>(If so, has an application been submitted To the Regional Water Authority?)   | ( ) | ( ) |
| 5. Is the property located within the aquifer zone?  | ( ) | ( ) |
| 6. Is the property located within a public water supply Aquifer protection area or watershed area?<br>(If yes, notification is required to the CT Dept. of Public Health per Public Act 06-53)                                 | ( ) | ( ) |
| 7. Has Chesprocott submitted a written statement and/or Map confirming the location of septic/well location on the property?   | ( ) | ( ) |
| 8. It is suggested that you submit photos of the area where you are requesting the variance. (This will allow the ZBA members to review the area when they are unable to see the area from the street).      Photos submitted. | ( ) | ( ) |

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The following items must be submitted with each application:

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ Survey (3 copies)
- \_\_\_\_\_ Notarized letter to Chairman regarding abutters notification
- \_\_\_\_\_ Applicable Fee

By signing this checklist, I hereby acknowledge full responsibility that the Information provided is true and accurate.

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

\_\_\_\_\_  
Date

**APPLICATION FOR SANITATION CERTIFICATE** (To Be Completed by Applicant)

**If Chesprocott has a map on file for the location of septic and/or well for the property listed on your variance application, please attach a copy of the map showing the septic and/or well location with your variance application.**

NAME OF DEVELOPMENT OR PROJECT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

APPROX. NO. OF ACRES \_\_\_\_\_ ZONE \_\_\_\_\_ NO. OF LOTS \_\_\_\_\_

**SOURCE OF WATER SUPPLY:**

Public Water Supply \_\_\_\_\_  
Community Well \_\_\_\_\_  
Individual Wells \_\_\_\_\_

**METHOD OF DISPOSAL OF SANITARY WASTE:**

Connect to Public Sanitary Sewer System \_\_\_\_\_  
Project is Located in Class \_\_\_\_\_ District \_\_\_\_\_  
Report by Water Pollution Control Authority Attached \_\_\_\_\_  
Install Dry Sanitary Sewers for Future Connection and  
On-site Sub-Surface \_\_\_\_\_  
Sanitary Disposal Systems for Immediate Short-term Use \_\_\_\_\_  
Install On-Site Sub-surface Sanitary Disposal  
System for Long-term Use \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
(Print or Type)

SIGNATURE OF APPLICANT: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_  
(Print or Type)

SIGNATURE OF OWNER: \_\_\_\_\_

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(Chesprocott Health District To Complete This Section)

**SANITATION CERTIFICATE (Please include map and/or written statement from Chesprocott confirming location of septic/well)**

\_\_\_\_\_  
Sanitarian, Chesprocott Heath District

\_\_\_\_\_  
Date