**Cam Report Required**

**Yes** \_\_\_\_\_\_\_ **No**\_\_\_\_\_\_\_

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

**Office Signature**

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| --- |
| City of Milford, ConnecticutAPPLICATION TO THE ZONING BOARD OF APPEALS |

|  |  |
| --- | --- |
| **Date Filed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Receipt #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of Hearing** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Fee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**(includes $60.00 state fee)**

|  |
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|  |

**Address of Property**

|  |  |  |  |
| --- | --- | --- | --- |
| **Map** | **Block** | **Parcel** | **Zone** |

|  |
| --- |
| **Section of Zoning Regulations for variance** |

|  |  |
| --- | --- |
| **Use to be made of property if variance is granted?** | |
| **Previous appeal filed?** | **If so, date** |
| **Appellant’s name** | **Phone** |
| **Appellant’s address** | **City** |
| **Name of property owner** | |
| **Address of property owner** | **City** |
| **If appearing by attorney or agent, Name** | |
| **Address of attorney or agent** | **City** |
| **Specify all ground of this appeal and state the exceptional or unusual hardship which is claimed** | |

|  |
| --- |
| **PLANNING & ZONING BOARD APPROVAL REQUIRED YES**  **NO** |

**I hereby depose and say that all of the statements herein and contained in all the exhibits attached hereto are true**.

**Signature of Appellant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subscribed and sworn to by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**on this**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**day of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, before me,**

**Notary Public** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the appellant is not the owner of the property in question, complete the following: The undersigned, being all of the owners of the property referred to above, hereby consent to the filing of this appeal.**

**Owner**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Henceforth, when an applicant withdraws his application after the matter has been advertised for hearing, he may be denied a rehearing for a period of six months, as determined by the Board. (See reverse side for filing instructions)**

**FOR OFFICE USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Taken:** | **Granted** \_\_\_\_\_\_\_\_\_\_\_\_ | **Granted Conditionally**\_\_\_\_\_\_\_\_\_\_\_ | **Effective**\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Denied**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Effective** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **Tabled** \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Withdrawn**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Clerk, Zoning Board of Appeals**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTION TO FILE AN APPLICATION WITH THE ZONING BOARD OF APPEALS**

**VARIANCE APPLICATION**

**PRE-APPLICATION PHASE**

1. Fill out application form in ink, have it signed and notarized.
2. Six copies of a scaled pot plan must be submitted showing the proposed or existing lot and building dimensions and the location of all buildings in relation to the street lines, side lot lines, and rear lot lines.
3. The plot plan must also show adjacent buildings in relation to the subject property
4. Elevation views may be required. The exact number of elevation views will depend on the proposed construction. Check with staff personnel for further details.
5. If the subject property is located within a Coastal Area Management (CAM) you will be required to submit a CAM application with the ZBA application.
6. A filing fee must accompany the application, which includes a State fee that is required by Public Act 03-6. The application fee for the City portion is determined per Sec. 18-91 of the City of Milford Code of Ordinances.

The fee structure per Sec. 18-91 of the Code of Ordinances is as follows:

* One-family, two family, non-corporate, non-agricultural use: $160.00
* Multifamily (three or more), commercial, industrial, corporate, and agricultural use: $200.00
* Appeal of decision: $200.00

**POST APPLICATION PHASE**

1. You will be notified by mail of the date of your public hearing, approximately 14 days before the actual date of the hearing.
2. You will be requested to come to the office to obtain a placard (prepared by the clerk) which must be posted on the property no later than 8 days before the date of the hearing (not including the hearing date).
3. You are required to obtain the names and addresses of all the property owners within 200 ft. of your boundary lines from the assessor’s office (for a nominal fee).
4. Letters must be sent to each property owner explaining the requested variance as well as date, time, and location of hearing. The language on your placard will be utilized to prepare the proper body of the notification letter(s).
5. The letters must be mailed no later than 7 days before the hearing date (excluding the date of the hearing).
6. Take the letters and FORM PS 3877 to the U.S. Post Office for **CERTIFICATION**. Additional postage per letter will be required.
7. Present the Form PS 3877 to a Notary with the A**FFIDAVIT**, which is included in the packet of information, to be signed and notarized.
8. The affidavit along with the PS 3822 Form must be presented to the Clerk of the Zoning Board of Appeals prior to the public hearing.
9. The estimated time to complete the above process (within the 3 day window) is approximately 3-4 hours in order to obtain names, prepare letters, take letter to Post Office, post placard, etc. unless condominium owners need to be notified.