



Clinton Zoning Board of Appeals

App. #: _____

Application for Certificate of Variance

PRIOR TO SUBMITTAL ELEMENTS OF ZONING REGULATION

SECTION 4 (PROCEDURES) MUST BE MET

This information and attachments are to be submitted as the **original** and twelve (12) copies **collated and stapled**.

1. **Applicant:** _____ Telephone #: _____
Mailing Address: _____ Cell #: _____
E-mail Address: _____
2. **Agent:** _____ Telephone #: _____
Mailing Address: _____ FAX #: _____
E-mail Address: _____
3. **Owner of Record:** _____ Telephone #: _____
Mailing Address: _____
E-mail Address: _____
4. **Person to Contact:** _____ Daytime Telephone #: _____

Property Description

5. Zone: _____ Acreage: _____ Assessor's Map #: _____ Block #: _____ Lot #: _____
Project Address: _____

Variance Information

The following table must be completed in full: Please check box for appropriate variance(s):

| | Zoning Requirements | Existing | Proposed |
|------------------------------------------------------------------------------------------------------------------------|---------------------|----------|----------|
| <input type="checkbox"/> Front Setback: | | | |
| <input type="checkbox"/> Side Setback: | | | |
| <input type="checkbox"/> Side Setback: | | | |
| <input type="checkbox"/> Rear Setback: | | | |
| <input type="checkbox"/> Building Height: | | | |
| <input type="checkbox"/> Maximum Aggregate Ground Coverage: | % | % | % |
| <input type="checkbox"/> Maximum Floor Area: | % | % | % |
| <input type="checkbox"/> Use (Sec. 24.1 or 24.2) | | | |
| <input type="checkbox"/> Other: | | | |
| <input type="checkbox"/> Expansion of a Non-Conforming <input type="checkbox"/> Use <input type="checkbox"/> Structure | | | |

6. Describe the project: _____
 - a. New Construction (include dimensions): _____
 - b. Demolition (include dimensions): _____

7. Is the subject structure currently non-conforming: Yes No Unknown
8. Is any portion of this property located within 500' of a Town Line? Yes No
9. Is a Coastal Site Plan Review (CAM) required for this application? Yes No Exempt
10. Are there tidal wetlands located within 50' of the project? Yes No
11. Are there inland wetlands located within 100' of the project? Yes No
12. Has there been a previous application for any variance? Yes No

If yes, date of application, and type of variance: _____

13. Has an effort been made to purchase additional land? Yes No

If yes, date of purchase: _____

14. When did you purchase the subject property?

15. **You must have a hardship!** What is the specific hardship as it relates to the land?

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16. List names and addresses of all abutting property owners, from the Assessor's records, on an attached sheet, including the Map, Block, Lot and mailing addresses of all owners. You may use the Assessor's List as long as you note the abutting properties on it.

Each application packet shall include the following items:

- ◆ Completed application, including signatures;
- ◆ Documents required in Clinton Zoning Regulation Section 4 (Procedures);
- ◆ Any supporting documentation;
- ◆ If this is for a sign, include the location and square footage of the existing and proposed signage.

The Applicant recognizes that the items listed above are required to constitute a complete application **only for the purpose of submission and receipt by the Board**. Nothing herein shall prevent the applicant from submitting, at the time of filing the application or at a later date, additional data, maps, and documents nor prevent the Board from requesting, subsequent to the receipt of the application, additional data, maps and documents as may be required by the Zoning Regulations

Please submit the original application packet along with twelve copies.

The Owner and Applicant hereby grant the Clinton Zoning Board of Appeals, or their authorized agents, the Zoning Enforcement Officer, and the Town Engineer, permission to enter upon the property proposed for the variance for the purpose of inspection and enforcement of the Zoning Regulations of the Town of Clinton.

17. Signatures: (All signatures are required – Blank lines shall not be accepted)

Applicant: _____ Print Name: _____

Agent: _____ Print Name: _____

Owner: _____ Print Name: _____