ZBA APPLICATION NO.____________________

TOWN OF COLCHESTER, CONNECTICUT
ZONING BOARD OF APPEALS
APPLICATION FOR APPEALS
AND
CERTIFICATE OF APPROVAL FOR LOCATION OF
GASOLINE STATIONS
AND OTHER MOTOR VEHICLE USES

NAME OF APPLICANT____________________________________________________
(Please Print)

ADDRESS_______________________________________________________________

_________________________________________TELEPHONE____________________
(City)                                                (State)                  (Zip)

OWNER OF RECORD_____________________________________________________

MAILING ADDRESS______________________________________________________
________________________________________________________________________
(City)                                                                                                    (State)                                             (Zip)

LOCATION OF PROPERTY________________________________________________

ASSESSOR’S MAP_________________LOT ________ZONE DISTRICT___________

Reason for Appeal: (check appropriate block)

☐ Claim of error, requirement or decision made by the Zoning Enforcement Officer.

☐ This is a matter upon which the Zoning Board of Appeals is required to pass by
the specific terms of the Zoning Regulations.

☐ A variance in the application of the Zoning Regulations is requested from the
following section(s):

☐ This is required by State Statute.

State the specific variance request(s):

________________________________________________________________________

Indicate exceptional difficulty or unusual hardship, if applicable___________________

________________________________________________________________________

_________________________________  ______________________________
APPLICANT(S) SIGNATURE                    OWNER(S) SIGNATURE

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For Official Use:
APPLICATION SUBMITTED______________________________FEE PAID____________________

PUBLIC HEARING DATE_________________________________

Rev 06/07/10
F:/zba/forms/application and checklist.doc
APPLICATION CHECKLIST

Application deadline is 12:00 PM (Noon) of the last business day of each month to be on the agenda for the next regularly scheduled meeting. *No application to the Zoning Board of Appeals shall be considered complete unless all information listed below is included and the application properly completed. NO hearing will be scheduled for incomplete applications.*

____ Application (all items filled out completely and in detail), signed and dated by applicant (and property owner if different than applicant; a notarized letter of consent will suffice in lieu of property owner’s signature).

____ $100.00 Administrative Fee, $200.00 Public Hearing Fee, and $50.00 Zoning Review Fee (Total: $350.00 application fee plus $60.00 State fee) (Make checks payable to ‘Town of Colchester’) (non-refundable fees).

____ Required back up documentation:

____ Ten (10) copies of a site plan, drawn to a scale of 1” = 40’, or other such scale which provides sufficient detail;

*Note: said plan shall show location, setbacks and size of existing buildings and uses and of all proposed buildings and uses, as well as other pertinent information such as water supply, septic systems, etc.*

____ Copy of the property deed, including property description;

____ Assessor’s Map showing the subject parcel and all properties within 150’ of the boundaries of said parcel, including across the street;

____ List of abutting property owners within 150’ of all property boundaries, including across the street.

____ The applicant shall mail a copy of the Notice of Hearing (which will be mailed to you) to all abutting property owners not less than seven (7) days prior to the Public Hearing date. Evidence of such mailing in the form of Post Office Certificates of Mailing shall be submitted to the PZC Department or at the meeting prior to the opening of the Public Hearing.

Applications shall be submitted to:

Planning and Zoning Department
Town of Colchester
127 Norwich Avenue
Colchester, CT 06415

**NOTE:** It is the applicant’s responsibility to ensure that all information is accurate and all required information has been submitted.