



Town of Washington
Zoning Board of Appeals
 P. O. Box 383
 Washington Depot, CT 06794
 Land Use Office: 860-868-0423

ZBA USE ONLY:

Appl. # ZBA- _____
 Date Rec'd _____
 Fees Paid _____
 Cash/Chk # _____
 Chk writer _____

APPLICATION TO APPEAL

a Decision by the Town of Washington's Zoning Enforcement Officer

APPLICANT INFORMATION

(If there are two or more applicants, provide the following information for each)

Name: _____

Mailing Address: _____

Home Phone: _____ Business Phone: _____

PROPERTY INFORMATION

Owner(s) of subject property: _____

Street Address of subject property: _____

Is the property located within 500 feet of any town line? Yes _____ No _____

APPEAL INFORMATION

Date of ZEO decision: _____

Description of ZEO decision: _____

 Signature of Applicant

ATTACH TO THIS FORM:

1. Letter to the ZBA Chairman explaining the reason for the Appeal.
2. Written confirmation that the ZEO has been notified of the Appeal.
3. **Filing fees** of \$100 and \$30 in separate checks, payable to the Town of Washington.