



**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 FOR VARIANCE(S)**

**APPLICANT INFORMATION**

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

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PROPERTY INFORMATION**

Street Address: \_\_\_\_\_  
Assessor's Lot No.: \_\_\_\_\_ Zoning District(s): \_\_\_\_\_ Acreage of Property: \_\_\_\_\_  
Owner(s) of Record: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Record Owner(s) Deed is filed in the Land Records at: Vol. \_\_\_\_\_ Page \_\_\_\_\_  
Is the property located within 500 feet of any town line? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner (if Owner is not the Applicant)

**NOTE: Property History information must be provided on next page of application.**

**VARIANCE(S) REQUESTED**

The following variances are requested from the Town of Washington Zoning Regulations:  
(Attach additional sheets if necessary.)

Variance from Section _____	Type/amount* of variance: _____
Variance from Section _____	Type/amount* of variance: _____
Variance from Section _____	Type/amount* of variance: _____
Variance from Section _____	Type/amount* of variance: _____

\*As an example of the type and amount of a requested variance, an applicant might seek a variance of five feet from a setback regulation (e.g., from 25 feet to 20 feet) or five percent from a lot coverage limitation (e.g., from 15% to 20%).

## PROPERTY HISTORY

Was the lot created as part of an approved subdivision plan? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes:** State the date of approval of the plan: \_\_\_\_\_

Map number of the plan as filed in the Land Records: \_\_\_\_\_

Have the lot lines been revised since plan approval? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide copies of recorded deeds or maps showing all such revisions.

**If no:** At what volume and page of the Land Records is the property first described as a separate parcel of land in a deed or other record?\* Vol. \_\_\_\_\_ Page \_\_\_\_\_

\*NOTE: If the property is first described as a separate parcel in one or more documents recorded before August 1956, provide the volume and page of the last such document that was recorded before August 1956.

Have any previous variances been granted to this property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy of each such variance to this application and state the volume and page at which each such variance is recorded in the Land Records. Vol. \_\_\_\_\_ Page \_\_\_\_\_

## EXPLANATION OF REQUEST FOR VARIANCES

In the spaces below, explain why each requested variance is needed. The explanation should include, at a minimum, a description of the purpose of the variance and the hardship justifying the request. Attach additional sheets, if needed. **The applicant has the burden of proving to the board that each requested variance is justified.** Refer to "Guidelines for Variance Applications" for guidance.

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## ADDITIONAL REQUIREMENTS

The applicant must submit:

1. **One original** and eight copies of a class "**A-2**" **survey** indicating all existing and proposed structures, septic systems, wells and water sources, easements, rights of way and legal restrictions, as well as all measurements and distances, needed to show the extent and nature of the requested special exception.
2. **Building and Elevation (if applicable) Plans** giving complete details with scaled measurements (see "Guidelines" for explanation).
3. **Filing fees** of \$100 and \$60, in separate checks, payable to the Town of Washington.
4. **Required by hearing date:** Evidence of certificate of mailing to the owners of all property located within 200 feet of the property involved in this application, notifying them of the date, time and location of the hearing and the nature of the requested variance.
5. **Signed Letter of Representation** (if applicable)

## CERTIFICATION

**I hereby certify that the information I have provided in this application, including any attached sheets, is true, and I acknowledge that any false information may cause the denial or revocation of a Variance.**

\_\_\_\_\_  
Signature of Applicant