



Town of Clinton
54 East Main Street Clinton, Connecticut 06413

Zoning Board of Appeals

TELEPHONE: (860) 669-6133

FAX: (860) 664-4469

CHECKLIST FOR SUBMITTING AN APPLICATION FOR A VARIANCE

Project address (please print): _____

Applicant's Name (please print): _____

- _____ 1. Checklist (original only)
 - _____ 2. Application packet: submit original plus 18 copies
Application packet shall be stapled and collated and include the following documents:
 - _____ Application
 - _____ CAM application (if applicable)
 - _____ Assessor's field card (single-sided)
 - _____ Assessor's map
 - _____ Plot plan (showing your project and the distance to the property lines and septic system)
 - _____ Project plan (interior and exterior); and
 - _____ Any additional information that you feel would be helpful to the ZBA in making their decision
 - _____ 3. Three sets of mailing labels for each abutting property owner (if a condominium association abuts your property submit three labels for the association and three labels for each unit owner)
 - _____ 4. Application Fee (cash or check payable to "Town of Clinton")
 - _____ 5. One copy of water company form (if applicable)
 - _____ 6. One copy of Connecticut Health Department form (must be submitted whenever the water company form is required)
 - _____ 7. CRAHD Form (Original plus one copy)
 - _____ 8. Application Fee for CRAHD
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