



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)
    - \_\_\_\_\_ CAM map (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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