



Clinton Zoning Board of Appeals

App. #: \_\_\_\_\_

Application for Certificate of Variance

**PRIOR TO SUBMITTAL ELEMENTS OF ZONING REGULATION**

**SECTION 4 (PROCEDURES) MUST BE MET**

This information and attachments are to be submitted as the **original** and twelve (12) copies **collated and stapled**.

- 1. **Applicant:** \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_
- 2. **Agent:** \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_
- 3. **Owner of Record:** \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_
- 4. **Person to Contact:** \_\_\_\_\_ Daytime Telephone #: \_\_\_\_\_

**Property Description**

- 5. Zone: \_\_\_\_\_ Acreage: \_\_\_\_\_ Assessor's Map #: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
**Project Address:** \_\_\_\_\_

**Variance Information**

The following table must be completed in full: Please check box for appropriate variance(s):

	Zoning Requirements	Existing	Proposed
<input type="checkbox"/> Front Setback:			
<input type="checkbox"/> Side Setback:			
<input type="checkbox"/> Side Setback:			
<input type="checkbox"/> Rear Setback:			
<input type="checkbox"/> Building Height:			
<input type="checkbox"/> Maximum Aggregate Ground Coverage:	%	%	%
<input type="checkbox"/> Maximum Floor Area:	%	%	%
<input type="checkbox"/> Use (Sec. 24.1 or 24.2)			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Expansion of a Non-Conforming <input type="checkbox"/> Use <input type="checkbox"/> Structure			

- 6. Describe the project: \_\_\_\_\_
  - a. New Construction (include dimensions): \_\_\_\_\_
  - b. Demolition (include dimensions): \_\_\_\_\_

7. Is the subject structure currently non-conforming?  Yes  No  Unknown
8. Is any portion of this property located within 500' of a Town Line?  Yes  No Town: \_\_\_\_\_
9. Is a Coastal Site Plan Review (CAM) required for this application?  Yes  No  Exempt
10. Are there tidal wetlands located within 50' of the project?  Yes  No
11. Are there inland wetlands located within 100' of the project?  Yes  No
12. Has there been a previous application for any variance?  Yes  No

If yes, date of application, and type of variance: \_\_\_\_\_

13. Has an effort been made to purchase additional land?  Yes  No

If yes, date of purchase: \_\_\_\_\_

14. When did you purchase the subject property? \_\_\_\_\_

15. **You must have a hardship!** What is the specific hardship as it relates to the land? *The hardship should not be personal or financial.*

16. List names and addresses of all abutting, or across a public or private access right of way property owners, from the Assessor's records, on an attached sheet including the Map, Block, Lot and mailing addresses of the owners. You may use the list provided by the Assessor's Office, provided you indicate the abutting property owners, or those across a public or private access right of way.

- I do not have the ability to submit a digital copy of the application, site plan, plot plan, architectural plan, or project plan in accordance with Section 4.34 of the Clinton Zoning Regulations. **(Only check if this applies)**

**Each application packet shall include the following items:**

- ◆ Completed application, including signatures;
- ◆ Documents required in Clinton Zoning Regulation Section 4 (Procedures);
- ◆ Any supporting documentation;
- ◆ If this is for a sign, include the location and square footage of the existing and proposed signage.

The Applicant recognizes that the items listed above are required to constitute a complete application ***only for the purpose of submission and receipt by the Board.*** Nothing herein shall prevent the applicant from submitting, at the time of filing the application or at a later date, additional data, maps, and documents nor prevent the Board from requesting, subsequent to the receipt of the application, additional data, maps and documents as may be required by the Zoning Regulations

*The Owner and Applicant hereby grant the Clinton Zoning Board of Appeals, or their authorized agents, the Zoning Enforcement Officer, and the Town Engineer, permission to enter upon the property proposed for the variance for the purpose of inspection and enforcement of the Zoning Regulations of the Town of Clinton.*

17. Signatures: (All signatures are required – Blank lines shall not be accepted)

Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Agent: \_\_\_\_\_ Print Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Print Name: \_\_\_\_\_