



TOWN OF TOLLAND
APPLICATION FOR VARIANCE
Zoning Board of Appeals

App. # _____

Property Information

Property Address: _____

Property Owner: _____

Zone: _____ **Map/Block/Lot:** _____

Applicant Information

Name: (if different than above) _____

Address: (if different than above) _____

Phone Number: _____ **Email Address:** _____

Variance Requested

Describe variance being requested and hardship (*self-created, financial or cosmetic issues are not hardships*):

Section of Zoning Regulations to be Varied: _____

All of the above statements and the statements contained in any documents and plans submitted herewith are true to the best of my knowledge:

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

A separate letter or email from owner authorizing permission to apply for a variance is also acceptable.

9 copies of a sketch / plot plan clearly showing the proposed location of the structure, property lines, and distance to property lines must accompany this application along with the appropriate fee. Please consult with staff.

OFFICE USE ONLY

Fee Amount: _____ **Official Date of Receipt:** _____

Form of Payment: _____ **Public Hearing Set for:** _____

Date Submitted: _____ **Decision Date:** _____
(stamp) **Decision:** _____