

TOWN OF OLD LYME: ZONING BOARD OF APPEALS APPLICATION FOR VARIANCE

**INSTRUCTIONS**

HEARINGS: THIRD Tuesday of each month (except August and December) at 7:30 p.m. at the Memorial Town Hall, 52 Lyme Street. The Applicant or his/her agent must be present at the hearing.

DOCUMENTS: *A ZBA Application shall be deemed incomplete and will not be accepted unless it is accompanied by a DENIAL OF THE "ZONING COMPLIANCE PERMIT APPLICATION".* Once complete, submit *ENTIRE ZBA APPLICATION IN DUPLICATE*, that includes all supporting documentation.

FEES: \$260.00 application fee (includes ERT fee required under Public Act 92-235). Application fee along with a recording fee of \$53.00 must be submitted at the time of application in two separate checks payable to the Town of Old Lyme. If applicable, an additional fee of \$100.00 is required for a CAM application

FILING: The application must be filed no later than 4:00 p.m. on the 1<sup>st</sup> Friday of the month preceding the month of the hearing in the Land Use Office on the second floor of the Town Hall.

DECISIONS: Notices of ZBA decisions are mailed to applicants within 15 days after the decision.

PERMITS: No building or zoning permit on a granted variance will be issued until the Notice of Variance Granted is recorded in the Town Clerk's Office.

Work under granted variances must begin within eighteen (18) months of the effective date and be substantially completed within three (3) years; if not, the variance becomes void. Application for an extension to continue work may be made, without fee, but must be submitted *prior* to the expiration date.

Re-HEARING: The Board shall not be required to hear any application for the same variance or substantially the same variance for a period of six (6) months after a decision by the Board.

**NOTICE**

Application to the Zoning Board of Appeals for a variance under the Zoning Regulations is not deemed complete unless it contains all required information and documents. No matter shall be assigned for hearing unless a completed application, WITH ALL SUPPORTING DOCUMENTS IN DUPLICATE AND PAYMENT OF THE REQUIRED FEES, is timely filed.

"[T]he existence of any present nonconformity anywhere in Town shall not in itself be considered grounds for the approval of a variance for any other use, building, or other structure or lot." (Old Lyme Zoning Regulations, Section 9.01).

*Effective 2/22/12*

**VARIANCE APPLICATION**

ZBA # \_\_\_\_\_

APPLICATION FOR A VARIANCE IS HEREBY MADE, RELATING TO THE FOLLOWING PROPERTY:

**Premises:** Street Address \_\_\_\_\_

Assessor's Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone \_\_\_\_\_ Area \_\_\_\_\_ sq. ft.

Existing Coverage \_\_\_\_\_% Proposed Coverage \_\_\_\_\_%

**Owner:** Name \_\_\_\_\_ Tel. # \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Applicant:** Name \_\_\_\_\_ Tel. # \_\_\_\_\_

(if other than

Owner) Mailing Address \_\_\_\_\_

**Repre-** Name \_\_\_\_\_ Tel. # \_\_\_\_\_

**sentative**

**at hearing:** Mailing Address \_\_\_\_\_

**Prior Appeals:** Has any previous appeal been filed relating to these premises?

( ) No ( ) Yes If yes, when and the appeal no. \_\_\_\_\_

Board Action \_\_\_\_\_

1. VARIANCE IS REQUESTED OF THE FOLLOWING PROVISIONS OF THE OLD LYME ZONING REGULATIONS:

Section No.	Requirement	Specific Variance Needed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. THE VARIANCE IS NEEDED TO ALLOW: \_\_\_\_\_

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(specify use, dimensions and location of any proposed construction)

3. STRICT APPLICATION OF THE ZONING REGULATIONS WOULD PRODUCE AN UNUSUAL HARDSHIP OR EXCEPTIONAL DIFFICULTY BECAUSE:

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4. THE HARDSHIP WOULD BE UNIQUE AND NOT SHARED BY OTHERS IN THE AREA BECAUSE:

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5. THE VARIANCE WILL BE IN HARMONY WITH THE PURPOSE AND INTENT OF THE REGULATIONS BECAUSE:

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(If the hardship is imposed by topographical conditions, support with photographs or a topographical survey of the terrain.)

6. CHECKLIST OF DOCUMENTATION THAT **MUST** ACCOMPANY THIS APPLICATION (In Duplicate):

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| <input type="checkbox"/> Variance application  | <input type="checkbox"/> Copy of owner's deed to premises  |
| <input type="checkbox"/> Plot Plan of premises <u>drawn to scale</u> showing lot dimensions, total area; required front, side and rear yards; location and size of existing and proposed buildings; location of well and septic system | <input type="checkbox"/> Elevation drawings of proposed construction   |
| <input type="checkbox"/> Floor plan(s) of existing and proposed buildings  | <input type="checkbox"/> Photos of premises and area to be altered   |
| <input type="checkbox"/> Copies of assessor's cards from 1960 to present   | <input type="checkbox"/> Sketch map of area showing location and distance of neighboring buildings, wells and septic |
|  | <input type="checkbox"/> Copy of Health Dept. approval for proposed application or activity                          |

7. NAMES AND ADDRESSES OF ALL PROPERTY OWNERS WITHIN 100' OF THIS PROPERTY.  
(Include zip codes and winter address, if different, and attach supplemental sheet if space is insufficient.)

Name \_\_\_\_\_ Assessor's Map # \_\_\_\_ Lot # \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Assessor's Map # \_\_\_\_ Lot # \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Assessor's Map # \_\_\_\_ Lot # \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Assessor's Map # \_\_\_\_ Lot # \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Assessor's Map # \_\_\_\_ Lot # \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Assessor's Map # \_\_\_\_ Lot # \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Assessor's Map # \_\_\_\_ Lot # \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Assessor's Map # \_\_\_\_ Lot # \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

8. IS THIS PROPERTY LOCATED WITHIN 500' OF A TOWN LINE?

Yes

No

If yes, and appeal is for variance of use of property, the ZBA must notify the neighboring Town Clerk's Office.

9. DOES THE REQUESTED VARIANCE INVOLVE A CHANGE OF USE, ANY EXTENSION OR EXPANSION OF A NON-CONFORMING USE OR STRUCTURE, NEW CONSTRUCTION OF A PRINCIPAL BUILDING OR EXPANSION OF ITS HABITABLE SPACE?

Yes

No

I (WE) CERTIFY that the statements hereinabove made and the documents submitted herewith are true to the best of my (our) knowledge and belief.

SIGNATURES:

APPLICANT \_\_\_\_\_  
Date

OWNER \_\_\_\_\_  
Date

## **Policy for Collecting Review Fees**

As permitted by the Code of the Town of Old Lyme Chapter 47, the cost of the review of applications submitted to the Planning Commission, Zoning Commission, Zoning Board of Appeals, and/or the Inland Wetlands and Watercourses Commission may be passed on to the Applicant.

It is the policy of the Old Lyme Zoning Commission that the cost of review of those documents which are received by the Zoning Commission after the Date of Receipt of the Application (as defined in C.G.S. Section 8-7d) will require the applicant to pay for the review.

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Signature of Applicant

Date