



**TOWN OF OLD SAYBROOK
Zoning Board of Appeals**

302 Main Street • Old Saybrook, Connecticut 06475
Telephone (860) 395-3131 • FAX (860) 395-1216
www.oldsaybrookct.com

Appeal No.:		Hearing Date:	
Application \$	100.00	State DEP \$	60.00 \$160.00
CSPR \$	_____	State DEP \$	_____ \$
Filing Fees TOTAL \$			
Decision:		Date:	

Application Form

Appellant Information (Owner of Record)

Appellant's Name: _____ Tel. No.: _____
 Mailing Address: _____
 Agent's Name: _____ Tel. No.: _____
 Mailing Address: _____

Property Location

Street Address: _____ Owned Since (year): _____
 Neighborhood: _____ Assessor's Map #: _____ Lot #: _____
 Does the Appellant own any adjacent properties? Assessor's Map #: _____ Lot #: _____
If yes, state when acquired: _____
 Zoning District: _____ Starting Date: _____

Property Information

Please identify the water source for the property. Water Supply: Public Well

Please check the box if the answer to the following questions are yes.

Is the property located in a Coastal Management Zone ?
 If so, the application may require a Coastal Management Application that must be included with this application. (Section 59)

Are there Inland Wetlands, Watercourses (Section 51.4.4) or Tidal Wetlands (Section 7.4.10) located on or within 100 feet of the property? If so, please identify the s.f. of wetlands on the lot/adjacent lot.

Is the property located in a Gateway Conservation Zone (Section 58)?

Is the property located in a FEMA Flood Zone? If so, please identify the Flood Zone below.
 Property is located in Flood Zone _____
Please be advised that if the proposed project is located in a FEMA designated A or V zone, a Flood Review Permit and a Certificate of Flood Elevation may be required (Section 54/Town of Old Saybrook Flood Plain Management Ordinance).

Is the property located within 500 feet of a Contiguous Municipality (C.G.S. 8-7b)?

Is the property located within an Aquifer Protection District?

Is the property located within a Historic District?
 Date of Approval of Certificate of Appropriateness _____

Has the Connecticut River Area Health District Approved this Project?
APPROVED B-100a form required and APPROVED FORM MUST be submitted as a part of this application or it will be considered an incomplete application.

Variance Application

NOT APPLICABLE

Please check appropriate variance type and complete questions

Zoning Regulations

The Appellant requests the Board to determine and vary:

Zoning Regulation requested to be varied.	Type of Regulation	Regulation Requires	Variance(s) Requested:
<i>(Example: Section 98.9)</i>	<i>(Example: setback)</i>	<i>(Example: 15 ft. required)</i>	<i>(Example: propose 5 ft from property line)</i>

Appellant must attach copies of any variance previously granted for the subject property.

Flood Plain Management Ordinance / Flood Plain District Regulations

The Appellant requests of the Board to determine and vary:

Section(s) of Ordinance #51: _____ Variance(s) Requested: _____

Reasons for Variance Requests

BOTH questions must be answered or application will be considered incomplete.

Explain solely with respect to the subject property, how a variance of the Zoning Regulations / Town Ordinance would be in harmony with the general purpose and intent of the Regulations/Ordinance and how the granting of this variance will conserve the public health, safety, convenience, welfare and property values of the residents of Old Saybrook:
