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Please type or print ink. FEE: \$250.00

	ZONING BOARD OF APPEALS		
APPLICATION FOR: [] A. Special Exception [] B. Appeal of Decision of ZEO [] C. Location of Use	APPLICATION #		
Date:			
Name of Applicant:			
Mailing Address:			
Street	City	State	Zip Code
Phone:_()	E-mail Address:		
Interest in Property: [] Own [] Rent	[]Lease []Option to Buy []Other		
Name of Property Owner:			
Mailing Address:Street	City State		
Street	City State	Zip Code	
	oox and complete information for that line only):		
[] Lot # and Street Name			
[] Volume & Page of Deed in Land Reco	rds		
Zoning District:			
Directions to Property (from well recognize	ed Town road):		

A. TYPES OF SPECIAL EXCEPTION	REQUESTED & MINIMUM ITEMS TO BE INCLUDED	WITH APPLICA	ATION
1. [] CUSTOMARY HOME OCCUPA			
a. Type of Occupation:	ing: c. Sq.Footage of home occupation:		
b. Sq.Footage of 1 st floor of builds d. Map. drawn to scale, showing r	broperty, location of dwelling on property and location & dimer	nsions of all park	ing spaces.
			8 spaces
 BOARDING HOUSE/ROOMING a. Map, drawn to scale, showing p dimensions of all parking space 	property boundaries, location & dimensions of building, numbe	er of boarders and	location &

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3. [] BED & BREAKFAST

a. Year house constructed: ________b. Number of guest rooms: ________c. Map, drawn to scale, showing property boundaries, location & dimensions of building, location & dimensions of all existing and proposed parking spaces, proposed landscaping. d. Floor plan of proposed B&B, with room use listed. e. Architectural drawings for any proposed additions, including emergency exits.

4. [] WINDMILL

a. Map, drawn to scale, showing property, location of any buildings on lot, proposed location of windmill and distances to buildings and property lines.

5. [] SOLAR PANELS & SATELLITE DISHES

- **a.** Map, drawn to scale, showing property, location of any buildings on lot, proposed locations of panes or dishes and screening.
- b. Height of device _____ c. Technical literature about device (please attach)

6. [] NURSERY SCHOOL, CHILD DAY CARE CENTER, GROUP DAY CARE HOME

a. Map, drawn to scale, showing property, location of building(s) on lot, parking spaces, play area.

b. Square footage of lot:______ c. Building Coverage:_____ d. Enrollment capacity per

session:

7. [] CEMETERIES

a. Location map showing adjacent streets.

8. [] GARAGES

a. Map, drawn to scale, showing property, location of building(s) on lot, garage location.

b. Sq.footage of principal residence:	<u>(living area only)</u>	Sq .footage of existing garage
space,	Sq. footage of proposed garage space	,
total sq. footage of proposed garage	space	

9. [] STABLES

a. Map, drawn to scale, showing property, location of building(s) on lot, proposed stable.

B. APPEAL OF DECISION OF THE ZEO: Please describe the decision of the ZEO below and why you feel it is not accurate:

ATTACH ADDITIONAL SHEET IF NECESSARY

C. LOCATION OF USE

[] AUTO DEALERSHIP [] NEW [] USED - A site plan must be included with the application.

[] REPAIRER'S LICENSE - A site plan must be included with the application

[] GASOLINE STATION - A site plan must be included with the application

Applicant must notify abutters by certified mail 10-15 days prior to the public hearing by sending them a copy of the legal notice. Certificates of Mailing must be returned to the Planning Department at least five (5) days prior to the meeting.

Names and Mailing addresses of all abutting property owners (to the right, left and rear of your property)

NAME	MAILING ADDRESS
1	
2	
3	
4	
(ATTACH ADDI)	ΓΙΟΝΑL SHEET IF NECESSARY)
Name of Applicant or	
Agent:	Title:
(Please print)	(If agent or company representative)
Signature of Applicant or Agent:	
Name of Property Owner:	Title:
(Please print)	(If agent or company representative)
Signature of Property Owner:	