



APPLICATION # _____

Application fee: \$400.00 (Single
Variance Request) plus \$100.00 ea.
Add'l Variance Request

Filing Fee: \$70.00

VARIANCE APPLICATION

Zoning Board of Appeals

PLEASE PRINT OR TYPE:

ADDRESS (Location of Variance Request): _____

ZONING DISTRICT: _____

APPLICANT INFO:

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

PROPERTY OWNER (if other than applicant): Check here if same as Applicant: ☐

NAME: _____

MAILING
ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

VARIANCE(S) REQUESTED:

Type	Section of Regulations	Requirement	Existing	Proposed

Brief Description of proposal requiring Variance Approval:

Variances previously granted the property by the ZBA (Type and year):



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ABUTTING NEIGHBOR PROPERTY OWNER INFO:

This information **MUST** be provided by the **Town of Wallingford's Assessor Records** for all properties sharing any portion of a boundary with Application Property.

NAME: _____ **MAILING ADDRESS:** _____

1. _____
2. _____
3. _____
4. _____

(Attach additional sheet(s) if necessary)

PROPERTY OWNER SIGNATURE: _____

SUBMISSION REQUIREMENTS:

One hard copy application package including; complete Application, Application Fee, Filing Fee, Survey map demonstrating boundaries and all existing and proposed structures drawn to scale, plans/renderings of proposed project including all dimensions (including height).

One electronic application package; application, survey and plans sent to: Zoning@wallingfordct.gov

Proof of required Notifications by returning Certificates of Mailing/Certified Receipts to Planning and Zoning Office prior to scheduled Meeting/Public Hearing Date.

(FOR ZBA USE ONLY)

DECISION: **GRANTED** ☐ **DENIED** ☐ **EFF:** _____

REASON(S) FOR DECISION: _____

CONDITION(S): _____

ZBA SIGNATURE: _____

TITLE: _____ **WALLINGFORD ZONING BOARD OF APPEALS**