

Please type or print in ink.

ZONING BOARD OF APPEALS

APPLICATION FOR:

- [] Special Exception
[] Appeal of Decision of ZEO

Application # _____

Date: _____

Name of Applicant: _____

Mailing Address: _____
Street City State Zip Code

Phone: (_____) _____

Interest in Property: [] Own [] Rent [] Lease [] Option to Buy [] Other _____

Name of Property Owner: _____

Mailing Address: _____
Street City State Zip Code

Legal Description of Property (check one box and complete information for that line only):

- [] Street Address _____
[] Lot # and Street Name _____
[] Volume & Page of Deed in Land Records _____

Zoning District: _____

Directions to Property (from well recognized Town road): _____

A. TYPES OF SPECIAL EXCEPTION REQUESTED & MINIMUM ITEMS TO BE INCLUDED WITH APPLICATION

1. [] CUSTOMARY HOME OCCUPATION

- a. Type of Occupation: _____
b. Sq.Footage of 1st floor of building: _____ c. Sq.Footage of home occupation: _____
d. Map, drawn to scale, showing property, location of dwelling on property and location & dimensions of all parking spaces.

2. [] BOARDING HOUSE/ROOMING HOUSE

- a. Map, drawn to scale, showing property boundaries, location & dimensions of building, number of boarders and location & dimensions of all parking spaces.

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

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. Size of existing garage space _____, size of proposed garage space _____, total 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.

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. _____	_____
5. _____	_____

(ATTACH ADDITIONAL 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: _____

FOR ZBA USE ONLY:

Application is: [] Granted [] Denied Effective Date: _____

REASON(S) _____

CONDITION(S) _____

SIGNED: _____ TITLE: _____

WALLINGFORD ZONING BOARD OF APPEALS