



ZONING BOARD OF APPEALS
TOWN OF WEST HARTFORD
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107-2431
TEL: (860) 561-7555 FAX: (860) 561-7504
www.westhartfordct.gov

Petition # _____
Fee \$ _____

ZONING APPLICATION FOR: (check one of the following)

___ VARIANCE

___ SPECIAL EXCEPTION

___ APPEAL RULING OF ZONING
ENFORCEMENT OFFICER

___ MOTOR VEHICLE DEALER/
REPAIRER LOCATION APPROVAL

LOCATION OF
PROPERTY _____

(NEAREST CROSS STREET) (LOT #) (ZONING DISTRICT)

APPLICANT _____
(NAME) (ADDRESS)

(TELEPHONE #) (EMAIL)

APPLICANT'S INTEREST IN PROPERTY _____

RECORD OWNER OF PROPERTY _____
(Name) (Address)

DATE OF PROPERTY ACQUIRED BY PRESENT OWNER _____

DESCRIBE YOUR APPLICATION: Include applicable sections of the Zoning Ordinance. For applications for a VARIANCE, state legal hardship. Attach second sheet, if necessary. This application must be accompanied by the required fee, site plan(s), and any other information required by the Zoning Ordinance, or Rules of the Board.

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Board and Staff inspections of the site. *Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)*

SIGNATURE OF PROPERTY OWNER & DATE
(Also print or type clearly)
U:SharedDocuments/ZBA/zba-zoningapplication_March2016

SIGNATURE OF APPLICANT & DATE
(Also print or type clearly)