



**CITY OF STAMFORD
ZONING BOARD OF APPEALS**

APPLICATION PACKET

Board Members
Claire D. Friedlander, Chair
John A. Sedlak
Georgiana White
Jonathan T. Hoch
Nino Antonelli

Alternates
Ernest Matarasso
Edward Pollak

Land Use Administrative Assistant
Mary Judge

**ALL APPLICATIONS MUST BE REVIEWED BY
ZONING ENFORCEMENT
PRIOR TO ZBA SUBMITTAL**

Application review Monday - Friday 8:00AM – 12:00 noon

Zoning Enforcement: _____ Date _____

Is the project situated in the coastal boundary? Yes () No ()

Is the project exempt from the coastal regulation?
Yes () Exemption # _____ No () N/A ()

Environmental Protection: _____ Date _____

ZONING BOARD OF APPEALS FEES

Checks only, payable to "City of Stamford"
2 separate checks are required with completed application

VARIANCE

1 -3 Family	\$185.00
Multi-family (4 family+)	\$265.00
All other variance applications	\$350.00

EXTENSION OF TIME REQUESTS

All requests	\$125.00
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PUBLIC HEARING FEE FOR ALL APPLICATIONS BELOW \$500.00

SPECIAL EXCEPTION

All applications	\$350.00
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APPEAL OF ZONING ENFORCEMENT OFFICER'S DECISION

All applications	\$350.00
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LAND RECORDS RECORDING FEE \$58.00
(Returned if the application is denied)

IMPORTANT – PLEASE NOTE:

In addition to the above stated fees, applicants are required to PREPAY all legal notices published in the Stamford Advocate in conjunction with this application. You will be notified by the Stamford Advocate prior to your hearing regarding cost of legal notices (a total of 3 notices). If you fail to prepay these notices, your application will be removed from the schedule.

Application # _____

**CITY OF STAMFORD
ZONING BOARD OF APPEALS**

Stamford Government Center
888 Washington Blvd.
P.O. Box 10152
Stamford, CT 06904-2152

Telephone 203.977.4160 - Fax 203.977.4100 - E-mail mjudge@ci.stamford.ct.us

PLEASE PRINT ALL INFORMATION IN INK

1. I/we hereby apply to the Zoning Board of Appeals for:

- Variance(s)
- Special Exception
- Appeal from Decision of Zoning Enforcement Officer
- Extension of Time

2. Address of affected premises:

_____ street _____ zip code

Property is located on the north south east west side of the street.

Block: _____ Zone: _____ Sewered Property yes no

Corner Lots Only: Intersecting Street: _____

Within 500 feet of another municipality: No Yes Town of _____

3. **Owner** of Property: _____

Address of Owner: _____ Zip _____

Applicant Name: _____

Address of Applicant _____ Zip _____

Agent Name: _____

Address of Agent: _____ Zip _____

Telephone of Agent () _____ *Fax () _____

*Must be provided to receive comments from letters of referral.

Cell/Home Telephone of Applicant/Owner() _____

(Contact is made with Agent, if one)

B. Explain why the variance(s) is/are the minimum necessary to afford relief:

C. Explain why granting of the variance(s) would not be injurious to the neighborhood.

SPECIAL EXCEPTION

(Complete this section **only** for special exceptions)

SPECIAL EXCEPTION is requested as authorized by Section(s) _____
of the Zoning Regulations.

Provide details of what is sought:

SIGNATURE REQUIRED FOR ALL APPLICATONS

Signature of : () Agent () Applicant () Owner

Date Filed: _____

Zoning Enforcement Officer Comments:

DECISION OF THE ZONING ENFORMENT OFFICER

(Complete this section **only** for appeals of zoning enforcement officer decision

DECISION OF THE ZONING ENFORCEMENT OFFICER dated _____ is appealed because:

DO NOT WRITE ON BACK OF PAGE

Filing Instructions

The Application Package for all requests must include the following items:

- Checks payable to the City of Stamford for the appropriate filing and recording fees.
- In addition to the above, check payable to the City of Stamford for \$58.00, filing fee for Town Clerk's Office.
- One(1) original and (11) eleven copies of a Class A-2 Survey including an orientation map, **FOLDED to no larger than 8 ½ x 14 inches.**
- One (1) set of originals and (11) eleven copies of floor plans and elevations in sketch form including dimensions, **FOLDED to no larger than 8 ½ x 14 inches.**
- A legal description of the property giving boundaries and names of adjoining property owners.
- Signed Waiver of Time Requirement
- Agent authorization letter if applicant or agent is not the property owner
- Applicant will be notified by mail of hearing date and procedures to be followed

General Notes:

All items submitted as part of the application or at the hearing will become part of the permanent record and may not be returned.

Items submitted at the Public hearing must conform to the Zoning Board of Appeals Policy on Exhibits, effective March 10, 2001.

Instructions for Notification of Neighbors will be mailed to the agent/applicant once a determination of the public hearing date has been decided.

Applications are subject to rejection if incomplete or illegible.

All applications are submitted to other City departments on referral, correspondence regarding referrals will be available for review prior to public hearings.

MAYOR
MICHAEL A. PAVIA



ZONING BOARD OF APPEALS
977-4160

CITY OF STAMFORD, CONNECTICUT

STAMFORD GOVERNMENT CENTER
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CT 06904-2152

WAIVER OF TIME REQUIREMENT FOR PUBLIC HEARING

Because the Zoning Board of Appeals has, at times, a large volume of applications, unavoidable delays may necessitate that your application may not be able to be heard within sixty-five (65) days of receipt as required by State Statutes.

We therefore respectfully request your approval of an extension of time for an additional sixty-five (65) days in which to hear your application.

Thank you for your understanding in this regard.

NAME OF APPLICANT: (please print) _____

ADDRESS: _____

Extension of Time agreed to by:

Applicant /Agent

Dated: _____