



**CITY OF STAMFORD  
ZONING BOARD OF APPEALS**

**APPLICATION PACKET**

Board Members  
**Claire D. Friedlander, Chair**  
**John A. Sedlak**  
**Georgiana White**  
**Nino Antonelli**

Alternate  
**Ernest Matarasso**

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: \_\_\_\_\_

CAM Review by: Zoning Board  ZBA

## ZONING BOARD OF APPEALS FEES

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

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### 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 of the below mentioned applications) \$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)

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### 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@stamfordct.gov

**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

Is the structure 50 years or older ( ) 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:

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

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**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:

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**SIGNATURE REQUIRED FOR ALL APPLICATONS**

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

Date Filed: \_\_\_\_\_

Zoning Enforcement Officer Comments:

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**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:

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**DO NOT WRITE ON BACK OF PAGE**

## Filing Instructions

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

1. Checks payable to the City of Stamford for the appropriate filing and recording fees
2. In addition to the above, check payable to the City of Stamford for \$58.00, filing fee for Town Clerk's Office.
3. **One(1) original and (11) eleven copies** of a Class A-2 Survey which must include an **"ORIENTATION MAP" FOLDED to no larger than 8 ½ x 14 inches.**
4. **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.**
5. A legal description of the property (can be obtained from the Town Clerk's Office).
6. Signed Waiver of Time Requirement
7. Agent authorization letter if applicant or agent is not the property owner
8. Applicant will be notified by mail of hearing date and procedures to be followed

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### 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.