THE CITY OF GROTON  
CONNECTICUT

APPLICATION TO ZONING BOARD OF APPEALS

ZBA #__________________  DATE:____________________

APPLICANT:_________________________  PHONE NO:_____________

ADDRESS:_________________________  CITY:______________  ST:________

OWNER:_________________________  PHONE NO:_____________

LOCATION OF PROPERTY
ZONE
DESIGNATION________MAP________BLOCK________LOT________

PRESENT USE OF PROPERTY: ____________________________

This applicant respectfully requests a Hearing on the following:

☐ 1. There is an error in the order, requirement, or decision of the Zoning Official.
☐ 2. The applicant seeks a variance from the requirements of the Zoning Regulations.
☐ 3. This is a matter upon which the Zoning Board of Appeals is required to pass on by specific terms of the Zoning Regulations.
☐ 4. This hearing is required by State Statute.

The order or decision appealed from, and list the appropriate Section of the Zoning Regulations. (Attach a copy of the Zoning Official's order or decision if issued in writing)

________________________________________________________________________
________________________________________________________________________

The applicant requests the Board to take the following action:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
This application will not be complete unless the following items accompany the application:

☐ A check in the amount of $325.00, plus $60.00 for the DEP, made payable to the CITY OF GROTON.

☐ Sixteen (16) copies of the plot plan and application.

☐ Abutting property owners list signed by Applicant

NOTE: Any statements, dimensions, or accompanying sketches must be strictly adhered to unless a variance conditions / changes such statements or dimensions that were submitted.

Additional comments: (A brief statement in your own words on why this relief is needed)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

DATE________________________  PROPERTY OWNER________________________
DATE________________________  APPLICANT________________________
DATE________________________  Received by ZONING BOARD OF APPEALS
TO THE ZONING BOARD OF APPEALS ON THE MATTER INVOLVING PROPERTY

OWNED BY: ____________________________________________________________

OWNERS ADDRESS: ______________________________________________________

LOCATED AT: ____________ MAP _____ BLOCK _____ LOT ______

**ABUTTING PROPERTY OWNERS**

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<th>NAME AND ADDRESS</th>
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SIGNED: ___________________________ DATE: ___________________________

(Applicant's Signature)

*Information for this form can be obtained at the Town of Groton, Tax Assessor's Office, 45 Fort Hill Road, Groton, CT 06340*