

**Zoning Board of Appeals**

Borough of Stonington

P.O. Box 95

Stonington, CT 06378

(860) 535-1298

**APPLICATION FOR VARIANCE  
OR APPEAL OF ZONING OFFICER**

*Please leave this section blank*

Date Received: \_\_\_\_\_ Application # \_\_\_\_\_

**General Information:** *Please fill in all applicable spaces*

Property Address: \_\_\_\_\_

Zone Designation: \_\_\_\_\_ Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Application/Agent: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Lot Information:** *Please fill in applicable spaces and attach calculations*

Lot Area (SF): Existing \_\_\_\_\_ Required \_\_\_\_\_ Conforming Y N

Lot Coverage: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Max. allowed \_\_\_\_\_

Floor Area Ratio: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Max. allowed \_\_\_\_\_

Front Yard: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Required \_\_\_\_\_

Rear Yard: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Required \_\_\_\_\_

Side Yard: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Required \_\_\_\_\_

Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Required \_\_\_\_\_

Height: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Max. allowed \_\_\_\_\_

Frontage: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Required \_\_\_\_\_

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**Zoning Regulations pertinent to application or appeal:** *Please provide section number*

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**Action requested of Zoning Board of Appeals:**

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**Hardship /Reason for Application or Appeal:**

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**Zoning Board of Appeals Record of Decision:** *for Board use only*

Meeting Date: \_\_\_\_\_ Public Hearing Date: \_\_\_\_\_

Motion: \_\_\_\_\_

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Made by: \_\_\_\_\_ Seconded: \_\_\_\_\_

Signature:                      In Favor                      Against                      Abstain

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Dated: \_\_\_\_\_ Effective Date: \_\_\_\_\_