



**THE CITY OF GROTON CONNECTICUT
APPLICATION TO ZONING BOARD
OF APPEALS**

295 Meridian Street Groton, CT 06340
Telephone 860.446.4104
zb@cityofgroton-ct.gov

DATE _____

APPLICANT _____

APPLICANT ADDRESS _____ CITY/STATE _____ ZIP _____

APPLICANT EMAIL _____ PHONE _____

OWNER _____

OWNER ADDRESS _____ CITY/STATE _____ ZIP _____

OWNER EMAIL _____ PHONE _____

LOCATION OF PROPERTY _____ ZONE DESIGNATION _____ MAP _____ BLOCK _____ LOT _____
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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 DEEP, made payable to the **CITY OF GROTON**

Eight (8) copies of the plot plan; including an electronic PDF format

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)

DATE _____ PROPERTY OWNER _____

DATE _____ APPLICANT _____

DATE _____

Received by ZONING BOARD OF APPEALS

ZBA Application # _____

TO THE ZONING BOARD OF APPEALS ON THE MATTER INVOLVING PROPERTY

OWNED BY _____

OWNERS ADDRESS _____

LOCATED AT _____ MAP _____ LOT _____ BLOCK _____

ABUTTING PROPERTY OWNERS

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

NAME AND ADDRESS	MAP	BLOCK	LOT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNED _____
APPLICANT'S SIGNATURE

DATE _____