

TOWN OF NORTH BRANFORD

APPLICATION TO THE ZONING BOARDS OF APPEALS

INSTRUCTIONS:

1. This application must be legibly written or typed on the attached form and filed with the Zoning Enforcement Officer in the Town Hall, by deadlines listed on the attached schedule. Applications received after the meeting deadline will be considered at the Board's next meeting.
2. The following must be included with the application
 - a. Ten (10) certified plot plans showing all existing and/or proposed buildings, the existing lot dimensions, and the location of the buildings on the lot relative to side, front, and rear setbacks. A plot plan checklist is included with the application.**
 - b. Other maps, plans, or sketches may be required to be submitted under specific terms of the Zoning Regulations.
 - c. The application fee, payable to the Town of North Branford.

**Note: Under certain circumstances the Board may waive the plot plan requirement and accept an uncertified sketch or other plan or the property. This waiver, however, is temporary and is solely for the purposes of consideration of the application. If the application is approved, a certified plot plan must be submitted prior to the issuance of Zoning Permit as specified in Section 52.4 of the Town's Zoning Regulations.

3. The applicant shall submit a property map containing a list of names and addresses of owners of all properties within 100 feet in all directions of the subject property as verified from the most current Real Property Records on file in the Office of the Assessor of the Town of North Branford (or actual owners of record if otherwise known to the applicant, see Zoning Enforcement Officer regarding this matter). The list shall also include map numbers and lot numbers. The applicant shall mail notification of said pending application to the owner(s) of each property not less than fifteen (15) days prior to the day of the hearing. Notice of the public shall be sent certified mail / return receipt and shall include the text of the application, schedule date, time, and place of the public hearing. Mail receipts shall be submitted to the Zoning Enforcement Officer prior to the public hearing.
4. Upon submission of a complete application, the applicant will receive a "Notice of Public Hearing" sign from the Zoning Enforcement Officer. This sign must be posted on the subject property for at least fourteen (14) day prior to the public hearing, *not* including the day of the hearing. State Statutes require that applications be considered at the public hearing after appropriate legal notice. The applicant and / or agent must appear at this hearing to answer questions and provide other necessary information.

For additional information, contact the Zoning Enforcement Officer at (203) 484-6008.

TOWN OF NORTH BRANFORD

APPLICATION TO THE ZONING BOARDS OF APPEALS

1. The undersigned requests that the Town of North Branford's Zoning Board of Appeals grant the following (check one):

- a. Variance _____
- b. Recertification of Use _____
- c. Reverse/Modify Decision of Zoning Enforcement Officer _____
- d. Repairer's License _____
- e. Approval of Location _____
- f. Other (specify): _____

2. Address of Property: _____
Present Zone: _____ Map _____ Lot _____
Owner of Record: _____
Volume _____ Page _____

3. Is the lot conforming? Yes _____ No _____
Describe the nonconformity: _____

4. Does the property have a nonconforming use, building or structure?
Yes _____ No _____
Describe the nonconformity: _____

5. Section of Zoning Regulations for variance:
a. _____
b. _____
c. _____
d. _____
e. _____

6. What is the extent of the appeal requested:
a. _____
b. _____
c. _____
d. _____
e. _____

7. Describe the ground of the appeal, stating the hardship: _____

8. Does the property lie within 500 feet of another Town?
Yes _____ No _____

9. Has a previous application been filed? Yes _____ No _____
If yes, Application # _____ Date of ZBA decision _____
Application # _____ Date of ZBA decision _____

I hereby say that all statements contained herein and attached exhibits are true.

Name: _____ Signature: _____
Address: _____
Telephone: _____ Capacity, If Agent _____

If applicant is not the owner of the property complete the following:
The undersigned, being all of the owners of the property referred to above, hereby consent to the filing of this appeal.

Name: _____ Signature: _____
Address: _____ Owner
Telephone: _____ Owner

Office use only

Date Filed: _____ Date of hearing: _____
Received by: _____

TOWN OF NORTH BRANFORD
CERTIFIED PLOT PLAN CHECKLIST

- a. Name of applicant and property owner _____
- b. Area of lot, dimensions, radii and angles or bearings of all lot lines _____
- c. Street address and assessor's map and lot number _____
- d. North arrow and graphic scale _____
- e. Height, dimensions, use, floor area, ground coverage, and location of all Buildings and other structures _____
- f. Locations, area, and dimensions of off-street parking and loading spaces, curbcuts, driveways, easements, and right-of-ways _____
- g. Dimensions of all setback lines observed by buildings and structures _____
- h. Location of any on-site sewage disposal system, water supply well, or waterline _____
- i. Signs and other facilities and improvements that are subject to provisions of these Regulations _____
- j. Any wetlands, watercourses, 25 year flood line, 100 year flood line, and flood way boundary lines _____
- k. When property is located in flood-prone areas including existing and proposed site grades, contours and elevations, base flood elevation data, top of foundation elevation, finished floor elevation, and any proposed watercourse relocation _____
- l. Additional information needed to determine compliance with the Regulations _____

Note: Plot plan accompanying applications which pertain to a nonconforming building or structure or a nonconforming lot shall be prepared and certified as an A-2 map by a licensed land surveyor or engineer.

Signature of applicant: _____

Date: _____

TOWN OF NORTH BRANFORD

ZBA Notification Requirement

All applicants submitting any application to the North Branford Zoning Board of Appeals shall be required to comply with the following notification requirement:

1. Provide the North Branford Zoning Enforcement Officer with a complete, legible list of all property owners with 100 feet of the subject property and their addresses (see Zoning Enforcement Officer for help with this item). The list shall be accompanied with a property map showing the location of the owners and zone district of each parcel.
2. The applicant shall be responsible for verifying addresses and sending the notification letter by certified mail / return receipt to all qualified property owners fifteen (15) days prior to the public hearing date. Mail receipts shall be submitted to the Zoning Enforcement Officer prior to the public hearing.

SAMPLE

ZBA NOTIFICATION LETTER

The owner of the parcel of land known as _____
has submitted an application to appear in front of the North Branford Zoning Board of Appeals at
7:00 p.m. on _____ at the North Branford Town Hall, 909 Foxon Road,
North Branford, Connecticut. In accordance with Section 61 of the North Branford Zoning
Regulations it has been determined that you own property, which falls within 100 feet of this
location and are therefore being notified.

The applicant has requested the following:

Property Owner's Name

Applicant's Name

Questions can be directed to the Building Department / Zoning Enforcement Officer at
(203) 484-6008

TOWN OF NORTH BRANFORD

**THE FOLLOWING APPLICATION FEES SHALL BE CHARGED BY THE
ZONING BOARD OF APPEALS**

EFFECTIVE JULY 1, 2004

CLASSIFICATION	APPLICATION FEE	AD FEE	TOTAL FEE INCLUDING STATE ED FEE includes 2 variances	EACH ADDITIONAL VARIANCE
1. RESIDENTIAL	\$65.00	\$80.00	\$145.00	\$50.00 / for each additional variance
2. COMMERCIAL	\$70.00	\$80.00	\$150.00	\$50.00
3. INDUSTRIAL	\$80.00	\$80.00	\$160.00	\$50.00

* Adopted by ZBA on May 17, 2004

** Applications include a State mandated fee of \$30.00, effective July 1, 2004.

1. Location map of project site (Please attach; Map can be from sources such as assessor's map or from USGS Quadrangle Map and should show enough detail to locate the site, ie. major intersections etc.).
2. Site plans, floor plans, and sediment and erosion control plan which have been submitted to the municipality for review (Please attach).
3. Project address _____

4. Total acreage of project site _____
5. Existing land use and type of ground cover e.g. forest, pavement, buildings, lawn, meadow etc. Estimate percentage of total acreage for each type of ground cover _____

6. Project description _____

7. Acreage of area to be disturbed including structures, additions, paving, and soil disturbance. Estimate percentages of total lot acreage for each type of ground cover, including those listed in item #5, following development _____

8. Type of sanitary system (Circle one) septic system/public sewer/both/none;
9. Number of existing and proposed floor drains and their point of discharge e.g. sanitary sewer, holding tank, or ground _____

10. Water accessed through (Circle one) private well/public water/other/none;
If other, please specify_____

11. Is public water available to area?_____

12. Are there any wetlands or watercourses on the property? If so, describe

13. Distance of site disturbance to nearest watercourse or wetland_____

14. Brief description of existing and proposed stormwater management system,
including roof drainage, paved areas etc., and discharge points e.g.
municipal system, drywells, streams, vegetated areas, detention basins
etc. Attach drainage plans and calculations if available_____

15. Type of heating fuel for facility_____

16. List of existing and proposed underground or above-ground storage tanks
including age, capacity and contents_____

17. List of potentially harmful chemicals stored or used on property (existing
and proposed) and typical onsite volumes, including but not limited to
petroleum products, lubricants, solvents, detergents, and pesticides_____

18. Describe any wastes generated and their means of disposal_____

19. Location, type, and size of solid waste dumpsters _____

20. Date application will be heard by Planning and Zoning Commission _____

21. Date application will be heard by Zoning Board of Appeals _____

22. Date application will be heard by Inland Wetlands Commission _____

23. Name, address, and telephone number of contact person for the project

Name of Person Completing Form

Signature

Date

** Send Certified Mail to:

Michael Guaglianone, Environmental Analyst
South Central Regional Water Authority
90 Sargent Drive
New Haven, Connecticut 06511-5966