



TOWN OF COLUMBIA

323 Jonathan Trumbull Highway, Columbia, CT 06237
(860) 228-0440 FAX: (860) 228-2847

Date Submitted: _____

Fee Paid: _____

Application # _____

Fee: \$410 \$350 ZBA fee + \$60 state fee

ZONING BOARD OF APPEALS APPLICATION – Other Hearing Requests

Application deadline is four weeks prior to the scheduled ZBA meeting

Zoning Variance Motor Vehicle Sales or Repair Location Appeal ZEO Decision

See Sections 52 and 71 of the Columbia Zoning Regulations for specific requirements

Location of Property

Address: _____ Columbia, CT

Assessor's Map _____ Lot _____ Zone _____ Lot Area _____

Purpose of Application (attach a detailed statement)

Purpose of Application: _____

Action Requested of ZBA: _____

Applicant/Agent Information

Primary Contact

Name: _____

Business Name: _____

Business Address: _____

Phone: _____ Cell: _____ Email: _____

Interest in property: Owner Option Lessee Legal Engr Survey Other

Property Owner Information (if different from above)

Primary Contact

Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

ZBA APPLICATION CHECKLIST

Applications are considered complete only when all of the information as required is received. After filing an application, additional materials and/or revisions must be received at least 10 days prior to the hearing. Failure to submit, or formally request a waiver, all the required items is grounds for denial by the Commission. In addition to the items below, the Commission may require additional information in order to determine if the proposal conforms to the Regulations.

Office **Applicant*** **ALL ZBA APPLICATIONS**

		Completed Application with original signatures (plus 10 copies)
		Names and addresses of property owners within 500' of subject property

FOR ZONING VARIANCE

		Detailed Statement with the following:
		<ul style="list-style-type: none"> • Exact purpose of this application and exact action requested of the ZBA
		<ul style="list-style-type: none"> • The specific hardship per CT State Statues Section 8-7 (describe how zoning regulations restrict the use of the property in a way that is different than other properties in the same zoning district)
		<ul style="list-style-type: none"> • Section(s) of the Zoning Regulations to be varied, and the amount of type of each requested variance
		Four (4) copies of a full scale plot plan based on an A2 survey, plus ten (10) reduced copies at 11" x 17" (a site plan prepared by an engineer may be required if variance request is for a dimensional requirement) the plan shall be drawn to scale and include the following information:
		<ul style="list-style-type: none"> • Lot dimensions with accurate linear and angular dimensions with easements, deed restrictions, adjacent roads and abutter information noted
		<ul style="list-style-type: none"> • Existing and proposed structures including actual dimensions and elevations floor area ratio, setbacks and lot coverages
		<ul style="list-style-type: none"> • Area and percentage of existing and proposed impervious cover
		<ul style="list-style-type: none"> • Existing and proposed topography, locations of wetlands and waterbodies, drainage swales and other site features (stone walls, trees, ledges)
		<ul style="list-style-type: none"> • Date, scale, north arrow, and if applicable, seals & signatures of engineer , surveyor and other professional

FOR MOTOR VEHICLE SALES OR REPAIR LOCATION

		Detailed Statement of the purposed use and requested action by the ZBA
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TO APPEAL ZONING ENFORCEMENT OFFICIAL DECISION

		Date of Decision being appealed: _____ (must be less than 30 days)
		Detailed Statement of the reason of the appeal and your decision and the basis
		Copy of the decision being appealed

* For each item listed, indicate the following

X = provided **NA** = not applicable **W** = written waiver request attached

Other Information

Is the property located within 500' of Columbia's town boundary? Yes No

If yes, name of Town _____

Is the property within a FIRM Flood Zone A, A1-30? Yes No

Have applications been submitted to other Commissions? Yes No

If yes, date of application _____ to _____ Commission

Reason for application _____

Required Information at the time of submitting application

1. Completed and signed Application including a completed checklist
2. If variance request, detailed plot plan / site plan
3. Application fee – Check payable to the Town of Columbia

Prior to submitting an application,

applicants are strongly encouraged to discuss the potential application with the ZBA Professional Staff at 860-228-0440 or TPlanner@ColumbiaCT.org

By signing this application I am certifying that all information submitted is true and accurate and that I have submitted all required documentation. I hereby permit Columbia staff and Commission members to enter onto and inspect this site during reasonable hours for the purpose of reviewing the site before and after a permit is granted.

Signature of Owner (required) _____ Date _____

Signature of Applicant _____ Date _____

Signature of Authorized Agent _____ Date _____