



# TOWN OF COLUMBIA

323 Jonathan Trumbull Highway, Columbia, CT 06237

(860) 228-0440 FAX: (860) 228-2847

Date Submitted: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Chk# \_\_\_\_\_

Application # \_\_\_\_\_

Fee: \$660 if PH: \$150 ZBA fee + \$450 LN cost + \$60 state fee  
\$360 if no PH: \$150 ZBA fee + \$150 LN cost + \$60 state fee

## ZONING BOARD OF APPEALS APPLICATION – Other Hearing Requests

Application deadline is four weeks prior to the scheduled ZBA meeting

Zoning Variance (PH)     Motor Vehicle Sales/Repair Location     Appeal ZEO Decision (PH)

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 Mailing 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 200' of subject property

### FOR ZONING VARIANCE

		Detailed Statement with the following:
		<input type="checkbox"/> Exact purpose of this application and exact action requested of the ZBA
		<input type="checkbox"/> 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)
		<input type="checkbox"/> 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:
		<input type="checkbox"/> Lot dimensions with accurate linear and angular dimensions with easements, deed restrictions, adjacent roads and abutter information noted
		<input type="checkbox"/> Existing and proposed structures including actual dimensions and elevations floor area ratio, setbacks and lot coverages
		<input type="checkbox"/> Area and percentage of existing and proposed impervious cover
		<input type="checkbox"/> Existing and proposed topography, locations of wetlands and waterbodies, drainage swales and other site features (stone walls, trees, ledges)
		<input type="checkbox"/> 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; and stakes, or markers, placed to indicate the location of proposed construction
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 ZEO@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 \_\_\_\_\_