

PETITION TO THE BOARD OF APPEALS
City of Bridgeport, Connecticut

The undersigned presents the following petition for:

(Check all that Apply)

Variance Appeal from Zoning Officer Extension of Time Permit / Modification of Plan of Development Request for Re-hearing Change of Condition(s) of Approval; pursuant to the Zoning Regulations of the City of Bridgeport and/or the General Statutes of the State of Connecticut as to the premises located at:

_____ Zone _____
(Number) (Street) (Zone Classification)

On the _____ side of the street about _____ feet _____ from
(North, South, East, West) (North, South, East, West)

_____ Block : _____ Lot: _____
(Street)

Dimension of Lot in Question _____
(Specify)

1. NAME OF PETITIONER / BUSINESS _____
(Print)

2. PETITIONERS INTEREST IN PROPERTY (OWNER, LESSEE, ETC.) _____

3. HAS ANY PREVIOUS PETITION BEEN FILED? _____ IF SO, GIVE DATE OF HEARING _____
(Yes or No)

4. DESCRIBE PROPOSED DEVELOPMENT _____

5. THIS PETITION RELATES TO:

(Check all that Apply)

Setback Coverage Landscaping Lot Area and Width Floor Area Height Parking Extension or Enlargement of Non-Conforming Use and/or Building Coastal Area Management Approval Liquor Use Other: _____

6. USE TO BE MADE OF PROPERTY _____

7. WHAT IS THE SPECIFIC HARDSHIP FOR GRANTING A VARIANCE (14-7-4)? _____

PETITIONER _____ / _____ DATE _____
(Signature) (Print)

If signed by agent, state capacity (lawyer, builder, etc) _____ / _____
(Email)

Mailing Address _____
(Zip Code) (Phone #)

PROPERTY OWNERS ENDORSEMENT _____ Print _____
(If other than owner) (Signature)

Subscribe & Sworn to before me this _____ day of _____ 20 _____
Notary Public in & for the County of Fairfield, State of Connecticut.

Note: READ CAREFULLY BEFORE FILLING OUT THIS PETITION

All questions must be answered in detail (use separate sheet if necessary).

The Petitioner or Agent for, must adhere to the attached check list or it will not be possible for The Zoning Board of Appeals to process this petition.

NO PETITION RECEIVED BY MAIL CAN BE ACCEPTED.

**PLEASE MAKE CHECK PAYABLE TO ZONING BOARD OF APPEALS
(REFER TO ZONING DEPARTMENT AS TO FEES 203-576-7217)**

_____ FEE RECEIVED: _____ DATE: _____, 20 _____ Clerk _____