

TOWN OF DARIEN

APPLICATION TO THE ZONING BOARD OF APPEALS

APPEAL NUMBER: _____

DATE: _____

APPLICANT: NAME: _____
 ADDRESS: _____
 TELEPHONE #: _____

1. Request to the Board of Appeals to overturn the Zoning Enforcement Officer's decision to **DENY** () **GRANT** () an application for a Zoning Permit number _____ Dated _____

2. **APPLICATION FOR:** *Use Variance* () *Interpretation* ()
 Area Variance () *Other* ()
 Notice of Appeal () _____ *Please Specify*

3. Address of Project Site: _____

4. Provisions of Zoning Law being Appealed:
Article _____ Section _____ Subsection _____ Paragraph _____

5. Has a previous Appeal been filed pertaining to this parcel? NO () YES ()
If Yes, list Appeal No. _____ Date _____ Purpose of Request: _____

6. Justification for request (General Explanation): _____

***A more SPECIFIC RESPONSE should accompany this application on separate sheet(s) of paper.**

The applicant shall submit with this Appeal, appropriate supporting materials including, but not limited to, site plans, elevations, traffic circulation diagrams and any other material that will assist the Zoning Board in making a determination regarding this request.

CERTIFICATION: I hereby certify that I have read and examined this application and supporting attachments and know the same to be true and correct. All provisions of laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of an Appeal does not presume to give authority to violate or cancel the provisions of any other state or local ordinance or law regulating construction or performance of construction and/or use.

Applicants Signature

Reviewed by Zoning Enforcement Officer

OFFICIAL USE ONLY	<u>FEE COLLECTED</u> Public Hearing Fee \$ _____ PAID: Cash \$ _____ Check # _____ Town Clerk Signature/Date
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