## Applying for a Variance?

<table>
<thead>
<tr>
<th>Items needed to submit your application to the Land Use Agency</th>
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<tbody>
<tr>
<td>Notice of Appeal Application - 4 Pages (3 original copies)</td>
</tr>
<tr>
<td>Letter of Hardship (3 original copies)</td>
</tr>
<tr>
<td>A-2 Survey outlining exact dimensions of request (3 stamped copies)</td>
</tr>
<tr>
<td>Check for $210 payable to The Borough of Newtown</td>
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You will be given a docket number and hearing date/time/location once all the above is received by the Borough ZBA clerk

<table>
<thead>
<tr>
<th>Before your public hearing</th>
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<tbody>
<tr>
<td>Obtain a list of abutters within a 500’ radius from your property. This list can be found on the Town website under GIS. Add the abutters’ addresses to the Post Office form “PS Form 3665”</td>
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<tr>
<td>Mail the “Notification Form” to each abutter on “PS Form 3665” at least 10 days prior to hearing date</td>
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<tr>
<td>Complete Affidavit and have notarized</td>
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<tr>
<td>The Borough ZBA clerk will run your notice in the paper for two weeks prior to hearing date</td>
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<tr>
<th>Public Hearing</th>
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<tr>
<td>The Board will ask you to:</td>
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<tr>
<td>State your name and address - bring a surveyor/engineer/attorney if you wish</td>
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<tr>
<td>Submit “PS Form 3665” and Affidavit for the record</td>
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<tr>
<td>Explain your Hardship</td>
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<tr>
<td>Explain plans for the property</td>
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<tr>
<td>The Borough of Newtown Zoning Board of Appeals will typically vote to approve or deny at the meeting unless they require further deliberation or information from the applicant</td>
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<td>Appeal period is 15 days past publication of decision</td>
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<tr>
<th>Upon Approval</th>
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<tr>
<td>The Applicant must file a “Notice of Grant” to the Borough clerk</td>
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<tr>
<td>The Borough ZBA clerk will send an approval letter to the Applicant</td>
</tr>
<tr>
<td>The Borough ZBA clerk will post a legal notice in the paper</td>
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Borough of Newtown  
Zoning Board of Appeals  
Newtown, Connecticut  06470

Before filling in this form, please read carefully the instructions. When completed, deliver or mail three (3) signed copies each with all detailed information attached thereto to: Borough of Newtown Zoning Board of Appeals, Attn: Rob Sibley, Borough Zoning Enforcement Officer, Municipal Center, 3 Primrose Street, Newtown, CT 06470.

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<tr>
<th>Date Rec’d:</th>
<th>Docket No.</th>
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<tr>
<td>Fee Paid:</td>
<td>Date Adv.:</td>
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<td>Date Hearing:</td>
<td>By:</td>
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**NOTICE OF APPEAL – APPLICATION FOR HEARING**

1. **APPLICANT** (Please print or type):
   - Name: ______________________________________________________
   - Mailing Address: ____________________________________________
   - Telephone No.: _____________________ __________________________

2. **NAME AND ADDRESS OF OWNER OF PROPERTY:** _______________________
   ______________________________________________________________

3. **PURPOSE OF APPLICATION** (Check and complete one only section):
   - [ ] **To Appeal for Correction of Alleged Error** in a decision of the Zoning Officer who on (date) ____________________ did _____ deny or _____ grant a permit requested by ________________________________.

   **Explanatory Statement to be Attached by Applicant.** Statement should indicate in detail what action is desired and the reasons therefore as required by Chapter 124, Section 8-7 of the General Statutes, 1958 Revision, as amended. Maps, plans, photographs, etc. should be included if needed to clarify the question at issue.

   - [ ] **To Apply for a Special Exception** as authorized by Section _____ of the Zoning Regulations of the Borough of Newtown and to request thereunder permission to __________________________________________________________.

   **Explanatory Statement to be Attached by Applicant.** If industrial use is planned specify product, process, material used, capacity, etc. If residential or business use is planned, describe fully.
To Apply for a Variance of Section(s) _______ of the Zoning Regulations of
the Borough of Newtown so as to permit ________________________________

Explanatory Statement to be Attached by Applicant. Statement should indicate exactly what is proposed as shown by maps, plans, photographs, etc. It should include specific statements on the following three requirements as specified in Chapter 124, Section 8-6 of the General Statutes, 1958 Revision, as amended:

i. That “literal enforcement of such … regulations would result in exceptional difficulty or unusual hardship”,
ii. That this is due “to conditions especially affecting such parcel but not affecting generally
the district in which it is situated”, and
iii. That the variance sought is “in harmony with the general purpose and intent” of the
Zoning Regulations of the Borough of Newtown.

To Apply for a Certificate of Approval of Location for a:

i. [    ] Motor Vehicle Sales or Repairing Business as required by Section 14-51 through
14-57 of Chapter 426 of the General Statutes, 1958 Revision, as amended, or for

ii. [    ] Gasoline Station as required by Section 14-321 through 14-324 of Chapter 250 of
the General Statutes, 1958 Revision, as amended.

Complete plans and required state forms are to be attached to this application by the applicant.

4. LOCATION OF AFFECTED PREMISES (please provide a copy of the legal description):

   Zone: ____________________________

   Street or Road Address: __________________________________________________________

   Aerial Survey Map (in Assessor’s Office): Map ______ Block ________ Plot _________

   Subdivision Map (if any): Map No. __________________________ Lot No. ____________________

   Owner of Property (if different from applicant):

       Name: ____________________________________________________________

       Mailing Address: _____________________________________________________

5. PREVIOUS APPEAL(S) OR APPLICATION(S):

List all prior appeals which relate to this property in whole or in part. If this is the first, please enter “none”.

Date:______________ Date:______________ Date:______________

Docket No. __________ Docket No. __________ Docket No. __________
6. OWNERS OF ADJACENT PROPERTIES:
NAMES AND ADDRESSES OF PERSONS WHO ARE OWNERS OF LAND WHICH MAY BE AFFECTED BY APPROVAL OF VARIANCE APPLICATION (INCLUDE AT LEAST THE OWNERS OF ALL PROPERTIES LYING WITHIN 500 FEET OF THE BOUNDARIES OF THE PARCEL FOR WHICH THE VARIANCE IS BEING SOUGHT) (if necessary continue on additional pages)

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<th>NAME</th>
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7. NOTICE REQUIREMENTS
The applicant shall notify by certified mail, return receipt requested at least ten (10) days prior to the public hearing, the owners of land which are within 500 feet of the land which is the subject of the variance application. The names of the owners shall be taken from the latest Tax Assessor records. Evidence of certified mailings shall be submitted by the applicant on or before the public hearing date via the attached affidavit.

8. DECLARATION:
I (We) hereby declare that all information in the foregoing application, and in attachments submitted herewith, is accurate and complete to the best of my (our) knowledge and belief.

SIGNATURE OF APPLICANT(S)

Date: _______  Signature: ________________________________________________

Date: _______  Signature: ________________________________________________

SIGNATURE OF OWNER OF PROPERTY (if different than applicant)

Date: _______  Signature: ________________________________________________

Date: _______  Signature: ________________________________________________
7. **DESIGNATION OF AGENT OR ATTORNEY**

It is not necessary for an appellant or applicant to be represented by either an agent or an attorney. A property owner should be able to present his or her own case. However, if an agent or attorney is retained, the fact must be so stipulated below.

I (We) hereby designate the following individual(s) to act for me (us) at any hearing held in response to this application:

Agent/Attorney Name: ___________________________________________________________

Address:  _______________________________________________________________________

Telephone No.:  __________________________________________________________________

Date: ______ Applicant Signature: ___________________________________________________

Date: ______ Applicant Signature: ___________________________________________________
NOTIFICATION FORM

VARIANCE APPLICATION

DEAR

Be advised that __________________________________________________ has applied for a variance of Section(s) ________________ of the Zoning Regulations of the Borough of Newtown so as to permit __________________________________________________________________ __________________________________________________________________

for property located at the following address:

_________________________________________________________
(street name and number)

________________________ Map  Block  Number(s)

The Borough of Newtown Zoning Board of Appeals will conduct a public hearing on this proposal as follows:

Date: ______________________________  Time: ______________________________

Location: _____________________________________________________________________

You are being notified because your property is within 500 feet of the subject parcel.

The application is on file in the Office of the Borough Zoning Enforcement Officer and the Clerk of the Borough of Newtown.

(TO BE COMPLETED BY APPLICANT)
AFFIDAVIT
FOR
VARIANCE APPROVAL APPLICATION

STATE OF CONNECTICUT : 
COUNTY OF ________________ :

Application: _________________________________________________________
Application Description: __________________________________________________
_______________________________________________________________________

The undersigned, being duly sworn, deposes and says:

1. I have mailed, by certified mail, return receipt requested, a notice of the date, time and place of the public hearing scheduled for the subject application, as required under the Borough of Newtown Zoning Regulations to persons who are owners of land which is within 500 feet of the land which is the subject of the hearing.

2. The date of the mailing of such notice was ________________, 20____.

3. The names and addresses of the required property owners were determined by reference to the records of the Newtown Tax Assessor.

__________________________________________
Applicant or Designated Agent

Sworn to and subscribed before me this __________ day of ________________, 20___.

__________________________________________
Commissioner of Superior Court
Notary Public

My commission expires: _____________________

ZBA Application
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Revised 9/2020