



**Town of Kent
Zoning Board of
Appeals
P.O. Box 678
Kent, CT 06757**

PROCESS FOR APPEALS FROM ZONING REGULATIONS

It is the responsibility of the applicant to complete all submission requirements as outlined below.

1. The variance application, completed in its entirety, must be submitted with all supporting documentation as outlined on page 6 of this packet.
2. The deadline for submission of a complete application is 12:00 noon **THREE WEEKS** prior to the next regular meeting. Applications will be scheduled for a hearing in the order that they are received. **INCOMPLETE APPLICATIONS WILL NOT BE SCHEDULED FOR HEARING.** Applicant will be notified by mail of hearing date and procedures to be followed.
3. The applicant must notify abutting property owners as outlined on page 5.
4. The applicant or a representative of the applicant must appear at the public hearing to present the application to the Board and answer any questions.
5. If a variance is granted, the Town publishes a legal notice and notifies the applicant by certified mail. The Town files the variance on the Land Records not less than 15 days after publication if no appeal has been taken. No zoning approval for a building permit can be issued until the variance is filed on the Land Records.



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(FOR OFFICE USE ONLY)
App. #: _____
Received by: _____
Date of Receipt: _____
Check #: _____
Check # _____

APPLICATION

Complete ALL of the following sections: PLEASE TYPE OR PRINT IN INK. If section does not apply to your application, indicate with N/A in appropriate space(s). If more space is needed, please attach a separate sheet of paper.

1) Type of application (check one):

- Appeal from decision of the Land Use Administrator (Attach copy of denial or order from LUA).
- Request for variance from the Town of Kent Zoning Regulations.

2) Appeal is hereby made to the Kent Zoning Board of Appeals regarding property located at: _____

Map: Block: Lot: Zone: _____

3) Is this property subject to a conservation restriction or a preservation restriction:

- Yes No If so, has a written notice been sent to the party holding such restriction sixty days prior to the submittal of this application: Yes No

Proof of this notice shall be attached as per CT Public Act 05-124.

4) Legal owner(s) of record: _____

Mailing address: _____

Contact phone #: _____

E-mail or fax: _____

4) Applicant: _____

Mailing address: _____

Contact phone #: _____

E-mail or fax: _____

5) Date property purchased: _____

6) List all the structures (with dimensions) and uses presently existing on the affected property:

7) This appeal relates to (check all that apply):

Use Setback Coverage Height Signs Other

8) Have any previous appeals been filed in connection with these premises?

Yes No

Date: Appeal No.: Request: Decision:

Date: Appeal No.: Request: Decision:

9) Is the subject property within 500 feet of New Milford, Sharon, Sherman, New York State, Warren, Cornwall or Washington? Yes No

10) Complete all sections below:

Existing Total Building Coverage: sq. ft. Total lot area: sq. ft.

Proposed Total Building Coverage: sq. ft.

Percentage lot coverage (all structures): existing % proposed %

(Percentage lot coverage= total building coverage divided by total lot area.)

Please indicate the proposed affected structure(s) property line setbacks:

Distance from front property line: ft.

Distance from rear property line: ft.

Distance from right side property line: ft.

Distance from left side property line: ft.

VARIANCES: (Complete this section for variance requests only) See the Land Use Administrator for help with this section. (Please use additional paper if necessary).

11) Variance(s) of the following section(s) of the Zoning Regulations is requested (provide detail of what is sought per the applicable section(s) of the Zoning Regulations):

12) Describe the proposed application including all work proposed.

13) The Zoning Board of Appeals has the authority to vary or adjust the strict application of the Zoning Regulations in those cases where the unusual size, shape or topography of a lot or other unusual physical conditions pertaining to it or to any building situated thereon make it impossible to strictly apply a specific provision of the Zoning Regulations to such lot without resulting in exceptional difficulty or unusual hardship. In your own words:

A. Describe the unusual hardship in being unable to carry out the strict letter of the Town of Kent Zoning Regulations:

B. Explain why the granting of the variance(s) would not be injurious to the neighborhood:

Signature of Owner(s)

Date:

Date:

Signature of Applicant:

Date:

NOTIFICATION OF NEIGHBORING PROPERTY OWNERS-ZBA APPLICATION

The applicant shall prepare a list of names and addresses of owners of all abutting properties (including properties that lie opposite the parcel across any street) as verified from the most current tax cards on file in the Town Clerk’s office of the Town of Kent. This list shall include map, block and lot numbers.

The applicant shall mail via CERTIFIED/RETURN RECEIPT REQUESTED notification of said pending application to at least one owner of such property not less than 10 days before the date set for the public hearing (you will be notified of this date after this application is submitted). Said notification may be in the form of the legal notice sent by the ZBA Secretary. The applicant may append further information, such as a description of the nature of the request. All certified/return receipts must be in hand at the time of the hearing.

List below all abutting properties and their owners. (Keep a copy for your records so that you may have a reference list when completing the mailings.)

Name of owner of record with mailing address if different	Address of property	Assessor’s Map #	Assessor’s Block #	Assessor’s Lot #

For
Official
ZBA
Use

ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION –
(Check box for each completed item).

- 1. Ten copies of the completed application and all supporting documents.
- 2. Ten copies of a site plan. If not an A-2 survey, EXPLAIN WHERE SITE PLAN INFORMATION WAS OBTAINED (reference maps, deeds, dimensions, measurements taken from, etc. EXPLAIN ON A SEPARATE SHEET OF PAPER. Show **ALL** present and **ALL** proposed structures on this plan. Indicate the number of feet from each side of all buildings to the nearest lot line. Show size of lot and located and name of all streets bounding lot. Show all easements, rights-of-way, driveways, approved sanitary system, well and all wetlands and/or watercourses on or adjacent to the property.
- 3. Blueprints, elevation drawings, documents, photographs, etc. as needed to enable the Board to make a decision on the appeal. Existing and proposed construction must be clearly identified.
- 4. List of names of all abutting property owners.
- 5. Copy of Tax Assessor’s field card showing both sides.
- 6. Copy of Tax Assessor’s map(s) showing location of subject and adjacent properties.
- 7. Fee. Two checks- \$110.00 for the application fee and \$43.00 for the filing fee of the approved appeal to be filed in the Town Clerk’s office. (This filing fee will be returned if the appeal is denied). Both checks should be made payable to the Town of Kent.
- 8. Schedule A legal description (as written on the deed of the property).
- 9. Agent authorization letter if applicant or agent is not the property owner.

