

TOWN OF ROXBURY
PO BOX 203
ROXBURY, CT 06783
860 355-2986

ZONING BOARD OF APPEALS

APPLICATION

Date Received: _____ **Case File No.** _____

PROPERTY ADDRESS: _____

ZONE: _____ **ASSESSOR'S MAP #:** _____ **BLOCK:** _____ **LOT:** _____

This property is _____ is not _____ within 500 feet of an adjoining municipality

OWNER OF RECORD: _____

OWNER'S ADDRESS: _____ **PHONE:** _____

APPLICANT'S NAME: _____

(If different from owner)

APPLICANT'S ADDRESS: _____ **PHONE:** _____

TYPE OF APPLICATION: _____ **Appeal from decision of the Zoning Enforcement Officer**
_____ **Request for variance from the Zoning Regulations**

Describe the proposed project: _____

List the specific sections of the Zoning Regulations and a brief description of them that require a variance, or if an appeal from an action, the action that is being appealed: _____

List the reason(s) why the variance or appeal should be granted, stating clearly the exceptional difficulty or hardship: _____

Applicant's signature

Owner's signature

It is the applicant's responsibility to make certain the application is in completed form. A list of the information required to complete this application is attached for your convenience.