

**TOWN OF EMBDEN
APPLICATION FOR VARIANCE OR APPEAL**

TO: BOARD OF ZONING APPEALS

A. General Information

Name of Applicant: _____

Mailing Address: _____

City/Town: _____ State/Zip: _____

Telephone: _____

Name or Property Owner: (If Different from Applicant): _____

Location of Property for which variance is requested (street/road address):

Tax Map and lot number of subject property: Map _____ Lot _____

B. The undersigned requests (check either 1 or 2, but not both):

_____ 1) Review of alleged erroneous decision of Code Enforcement Officer of Planning Board in regard to Application for a Permit, denied on _____, 20__, it is the applicant's contention that the following error was made in the determination of the Code Enforcement Officer of Planning Board:

_____ 2) A variance: Nature of Variance: Describe generally the nature of the variance:

Justification of Variance: In order for a variance to be granted, the applicant must demonstrate to the Board of Appeals that the following items are true: (Please attach these comments on a separate sheet.)

1. That the land in question cannot yield a reasonable return unless a variance is granted;
2. That the need for a variance is due to the unique circumstances of the property and not to the general conditions in the neighborhood;

3. That the granting of a variance will not alter the essential character of the locality; and
4. That the hardship is not the result of action taken by the applicant or a prior owner.

C. Addition Information

In addition to the information provided above, please submit a sketch plan of the property showing dimension and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings, additions and alterations, the locations of roads and driveways, the location of any water body adjacent to the property, and any natural and topographic peculiarities of the lot in questions.

D. Signature of Applicant

To the best of my knowledge, all information submitted on and with this application is true and correct.

Date: _____

Signature of Applicant

Printed Name of Applicant

(For official use only – maintain as a permanent record)

Date Received: _____ Fee Paid: \$ _____

Date of Public Hearing _____

Date of Notice in Newspaper _____

Mailed Notices to: _____

Decision of Board of Appeals: Approved _____ Denied _____

If Application denied, reason for denial: _____

If approved, the following conditions and safeguards were prescribed:

1. _____

2. _____

Signed by members of the Board of Appeals

