

File No. _____ Ward No. _____
Date of: Filing _____ Hearing _____ Decision _____

APPLICATION TO BOARD OF ZONING APPEALS FOR A SPECIAL EXCEPTION

I. LOCATION of Property _____ St. Ave. Zoning District _____
Building Line _____
north east _____ St. St. _____
side between _____ Ave. and _____ Ave
south west _____
north east _____ St. _____
corner of _____ Ave.
south west _____

II. Name of OWNER _____ Address _____
Date of Purchase _____
Also, required:
Proof of ownership
Proof of agency
Proof of some other right to property
Name of present tenant _____ or proposed purchaser _____
proposed _____
Name and signature) _____ Address _____
of APPLICANT) _____
Party to be notified _____ Attorney Address _____
agent Telephone No. _____

III. THE SPECIAL EXCEPTION (S) sought involve (s):
[] Use of property. Proposed Use:
[] Other matters (describe precisely):

IV. SECTION (S) of zoning ordinance giving Board of Zoning Appeals authority to grant the requested special exception (s):

V. Paragraph 63(D) (6) (does) (does not) require referral of this case to the City Plan Commission after Board hearing.

VI. LOT Dimensions (width x depth): _____ LOT Area: _____
List all EXISTING BUILDING (S) AND USE (S) on this lot, giving symbol for legal basis of each. (PR- permitted as right; PS-permitted by special exception; PV-previous variance; NCU-nonconforming use existing at effective date of ordinance or amendment; CAL-previous certificate of approval of location – motor vehicle uses):
(1)
(2)
(3)

VII. SUMMARY of reasons asserted for the granting of this special exception, including any relevant discussion of subsection 63(D) of the zoning ordinance and the section (s) cited in question IV above, and listing of any proposed conditions and safeguards (attach additional sheet if needed):

New Haven.....200.....

VIII

State of Connecticut
County of New Haven

Personally appeared,.....
Authorized Agent for.....Owner, who made oath
that the statements herein were true and correct before me.

Notary Public

- IX. [] Hearing Fee to be paid upon filing of this Application – see Fee List attached
[] Special Exception
[] Special Exception for PDU
[] Required plans filed with Appeal as follows:
(a) 8 copies of a scaled PLOT PLAN, with a North arrow, showing the lot in question and the following (if any):
1. existing buildings,
2. proposed construction and use of outdoor areas,
3. existing and proposed curb cuts, driveways, and parking and loading facilities,
4. existing and proposed fences, walls, landscaping and signs,
5. that part of any building on adjoining lots that is located within 20 feet of the lot in question, and
6. such other information as may be required to define clearly the question involved.
(b) 7 copies of scaled FLOOR PLANS and ELEVATIONS:
for each floor and each side of proposed construction, including use of all floor areas.

BELOW THIS LINE FOR BOARD USE ONLY

- X. Communication with regard to this Appeal received from:
[] City Plan Dept [] Health Dept. [] Bureau of Engineering
[] Dept of Traffic & Parking [] Police Dept. []
[] LCI – Livable City Initiative [] Fire Dept. []

- XI. Case referred by Board to City Plan Commission. Date:
Report received from City Plan Commission. Date:

- XII. Previous Board of Zoning Appeals cases at this location (file number, year, proposed construction and/or, Board decision, and court decision where applicable).

NEW HAVEN BOARD OF ZONING APPEALS

NOTICE is hereby given that State Law requires the Board of Zoning (BZA) to hold a public hearing to review your application and/or appeal. The BZA will make its decision based upon testimony at the public hearing and the documents you submit with your application..

TO BE CONSIDERED COMPLETE, your application **MUST** include the documents and required information listed below. If you fail to submit the **REQUIRED DOCUMENTS AND INFORMATION** to describe the zoning relief requested, **YOUR APPLICATION AND/OR APPEAL MAY BE DENIED.**

REQUIRED MATERIALS **SUBMITTED**

1. **SIGNED AND NOTARIZED ORIGINAL APPLICATION/APPEAL FORM.** **YES NO**
 Answer all questions completely and include a clear, detailed description of your zoning relief proposal.

2. **SCALED SITE PLAN** **SUBMITTED**
Eight (8) copies of Scaled Plans representing the zoning relief sought **YES NO**
 (A MINIMUM SCALE OF 1 INCH = 20 FEET IS STRONGLY RECOMMENDED)

SCALED SITE PLAN with North arrow showing the lot in question and each of the following,

if any:

- Existing buildings;
- Proposed construction and use of indoor and outdoor areas;
- Existing and proposed curb cuts, driveways, parking and loading facilities;
- Existing and proposed fences, walls, landscaping and signs;
- That part of any building on adjoining lots that is located within 20 feet of the lot(s) in question; and

If you are seeking yard variances within five (5) feet of a property line or a lot split

a Class A-2 Survey is required.

For a Certificate of Approval of Location (CAL) for an automotive use, **TWO (2)** original stamped copies of **a Class A-2 Survey are required.**

3. **FLOOR PLANS AND ELEVATIONS** **SUBMITTED**
Seven (7) copies of the following if construction or a change of use (see arrow below) is proposed: **YES NO**
 (A MINIMUM SCALE OF 1/8 INCH = 1 FOOT IS STRONGLY RECOMMENDED)

- SCALED FLOOR PLAN of each floor including use of all floor area.
- SCALED ELEVATIONS for each side, if new construction is proposed.

For any change in zoning use classification under the state building code (BOCA), or for any construction costing more than \$25,000, an Architect or Engineer **must** prepare your plans on **a Class A-2 Survey** base.

NOTE: As requested above, Required Materials are to be submitted as follows: The Original Application form. ALL plans and other materials MUST be sorted and stapled in sets.

4. **OTHER INFORMATION**, as necessary, to clearly define the questions involved and the zoning relief sought, such as:

- Days and hours of operation
- Provisions for Employee Parking
- Number of Employees
- Signs

ONCE FILED, FILING FEES(S) FOR YOUR APPLICATION/APPEAL ARE NOT REFUNDABLE

I HAVE READ THIS NOTICE AND UNDERSTAND THAT MY APPLICATION AND/OR APPEAL MAY BE **DENIED** IF THE MATERIALS REQUIRED TO BE SUBMITTED ARE NOT COMPLETE.

BY: _____

Signature of Applicant

Date: _____ 20 _____

Telephone Number _____