



**TOWN OF PLAINFIELD  
ZONING BOARD OF APPEALS  
APPLICATION FOR VARIANCE**

Application # \_\_\_\_\_  
Received by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

For an application to be placed on the agenda of the Zoning Board of Appeals, it must be received at least 18 days prior to the meeting date. The ZBA meets the first Tuesday of the month at 7:30 p.m. in the Town Hall.

Along with a completed application, please submit a site plan or drawing showing the location of all existing and proposed structures with distances to property lines and streets, septic systems and wells; a copy of the Assessor's map showing the property and area around it.

1. Name of Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Name of Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_
4. Address: \_\_\_\_\_
5. If applicant is not the owner, what is applicant's interest in the land:

\_\_\_\_\_

6. Assessor's Information : \_\_\_\_\_  

Map
Block
Lot

7. Street Address of Property: \_\_\_\_\_
8. Date Property was acquired or purchased: \_\_\_\_\_
9. Zoning District \_\_\_\_\_ 10 : Acreage: \_\_\_\_\_
11. Description of Proposed Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Sections of the Zoning Regulations Applicant Requests to be varied: \_\_\_\_\_

13. The Zoning Board of Appeals has the authority to grant a variance under the General Statutes Section 8-6(3) Where two basic conditions are satisfied: (1) The variance must be shown not to affect substantially the comprehensive plan, AND (2) adherence to the strict letter of the zoning regulations must be shown to cause an unusual hardship. The hardship must be different in kind from that generally affecting properties in the same zoning district and must arise out of beyond the control of the applicant. A self-inflicted or self-created hardship is not considered proper grounds for a variance. A financial motivation or gain cannot be used as a reason for obtaining a variance.

**In your opinion, based on the above statement, do you have a hardship ?**

Yes \_\_\_\_\_ No \_\_\_\_\_

14. If yes, please state the hardship or exceptional difficulty with respect to Section 10.3 of the Zoning Regulations and why the proposed project cannot be done in compliance with the Zoning Regulations.  
Note: A hardship cannot be financial in nature nor self created:

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I certify that the information contained in this application is true and correct and hereby authorize the Plainfield Zoning Board of Appeals and/or the Zoning Enforcement Officer to enter upon the property in question for the purpose of inspecting the conditions described in this application.

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Signature of Applicant                      Date

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Applicant (PRINT NAME)

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Signature of Owner                      Date

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Owner (PRINT NAME)