

*Town of Hebron, Connecticut*



Town Office Building  
15 Gilead Street; Hebron, Connecticut 06248  
Phone: (860) 228-5971 Fax: (860) 228-5980

**ZONING BOARD OF APPEALS APPLICATION**

\_\_\_ Variance from the Zoning Regulations; \_\_\_ Appeal from the Decision of the Zoning Agent  
\_\_\_ Approval of Motor Vehicle Sales or Repair Location

**Applicant Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Legal Interest: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Attached is documentation verifying ownership of the property.

**Subject Parcel:**

Address: \_\_\_\_\_  
Size: \_\_\_\_\_ Zone: \_\_\_\_\_ Assessor's Map and Lot # : \_\_\_\_\_  
Is the subject parcel within 500 ft. of the Town boundary?  yes  no

**Variance Request:**

I hereby apply for a **Variance** to Section(s) \_\_\_\_\_ of the Hebron Zoning Regulations, to permit the following: \_\_\_\_\_

Is a Hardship claimed? \_\_\_ If so, what is the specific

Hardship? \_\_\_\_\_

**Appeal from the Decision of the Zoning Agent:**

I hereby **Appeal** the Decision of the Zoning Agent dated: \_\_\_\_\_ ( attach copy ), stating \_\_\_\_\_  
\_\_\_\_\_.

The basis for my Appeal is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Approval of Motor Vehicle Sales or Repair Location:**

Describe Proposed Use:

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

**Previous Applications:**

Has any previous application for Variance, Appeal, or Approval of Location been filed with this premise?

**Parties of Interest:**

Attorney / Engineer/ Architect / Builder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Taxes:**

Are all real estate, sewer use, and sewer assessment taxes current?  yes  no

Attached is proof of payment. (Required)

**Fees:**

\$60.00 (State Fee) + Town Fee\* \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (payable to the Town of Hebron)

\* Town fee is established by Town Ordinance.

**Signatures:**

Signature of Owner(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_