

TOWN OF CANTON

LAND USE DEPARTMENT
FOUR MARKET STREET
P.O. BOX 168
COLLINSVILLE, CONNECTICUT 06022-0168
860-693-7856

OFFICE USE ONLY			
APPLICATION #FEE	AMOUNT:		
DATE SUBMITTED:	PAID Y / N		
APPROVED Y / N			
Zoning Official	Date:		
ZONING BOARD OF APPEALS APPLICATION			
APPLICATION FEES: (Includes \$60.00 State Surcharge) Pl	ease make checks payable to "Town of Canton"		
~ Variance: \$210			
~ Appeal: \$135			
 Suitability of Motor Vehicle Location: \$135 			
THIS APPLICATION WILL BE REJECTED UNLESS ALL REQUIRED INFORMATION IS PROVIDED AND ANY ADDITIONAL REQUIRED APPROVALS ARE OBTAINED.			
Project Location:			
Assessor's Identification: Map#: Lot #:			
Land Record Reference to Deed Description: Volume: _ PROPERTY OWNER:	-		
APPLICANT/AGENT:			
Mailing Address:			
Email Address:			
ACTION REQUESTED:			
Variance from Section	of the Zoning Regulations		
Appeal from decision of the Zoning Enforcement Officer			
Approval of Motor Vehicle Department			
License/Location: New Car Used Car	r Repairer Limited Repairer		

VARIANCE INFORMATION: The variance relates to: _____ yard dimension _____ height ____ number of family units _____street frontage _____ area _____other Describe briefly: (a) Strict application of the regulations would produce undue hardship because: _____ (b) The hardship created is unique and not shared by all properties alike in the neighborhood (c) The variance would not change the character of the neighborhood because: **APPEAL INFORMATION:** The decision of the Zoning Enforcement Officer dated ______is APPEALED because: APPROVAL OF MOTOR VEHICLE DEPARTMENT INFORMATION:

Describe briefly: _______ Previous applications have been filed with respect to these premises as follows: _______

BEFORE SIGNING, OWNERS AND APPLICANTS PLEASE NOTE:

By signing this application, the signer represents as to the owner or applicant, whichever applies, either:

- a) If an individual, that the signer is that individual; or
- b) If an entity (e.g. corporation, LLC, partnership, trust, association) that he or she is legally authorized to sign on behalf of that entity.

Owner Name (please print)	Owner Signature	Date
Applicant Name (please print)	Applicant Signature	Date

PLEASE NOTE:

Application will not be accepted unless:

- A. It is signed by the applicant or agent.
- B. It is accompanied by the proper filing fee.
- C. It is accompanied by three copies of certified plot plan if required.
- D. It is accompanied by Motor Vehicle Department forms if applicable.
- E. Requirement for abutter notices and land use sign for items requiring a public hearing.
- F. Application will be rejected unless all fields are filled out.