



MADISON ZONING BOARD OF APPEALS

TOWN OF MADISON

Land Use Office, 8 Campus Drive
Madison, CT 06443
203 245-5632

(FOR OFFICE USE ONLY)

Appeal No. _____

Date Filed _____

Fee Paid _____

Unique ID _____

APPLICATION for VARIANCE EXTENSION

Complete ALL of the following sections: **PLEASE TYPE OR PRINT IN INK.** If section does not apply to your application, indicate with N/A in appropriate space(s). Processing fee of \$50 must accompany application.

(1) Location of affected premises:

Assessor's Map No(s): _____ Lot No(s): _____ Zoning District: _____

(2) Name of Owner(s): _____

Daytime Phone: _____ Home Phone: _____

Mailing Address: _____
Street Town State Zip

(3) If Owner is not Applicant, complete the following section:

Name of Applicant(s): _____

Daytime Phone: _____ Home Phone: _____

Mailing Address: _____
Street Town State Zip

(4) Name of Agent (if any): _____

Daytime Phone: _____ Home Phone: _____

Address: _____
Street Town State Zip

(5) Previous Appeal Number: _____ Date granted: _____

Attach copy of previous Certificate of Variance.

(6) State reason for requested extension:

(7) Have any circumstances affecting the property changed since the prior variance was granted?

YES NO If yes, please describe:

(8) Have there been any amendments to the Zoning Regulations since the variance was granted that might affect this variance/property?

YES NO If yes, please describe:

I hereby declare that all statements contained in any documents and/or drawings submitted as part of this application are, to the best of my knowledge and belief, true and accurate as presented:

APPLICANT:

signature *print name* *date*

OWNER:

signature *print name* *date*