

Town of Thompson, CT



Town of Thompson 815 Riverside Drive North Grosvenordale, CT 06255 860-923-9475

Date: ZONING BOARI Residential Variance from the Zoning Regula Certificate		Commercial m the Decision of the Zon		
Applicant Information:				
Name:				
Address:				
Phone:	Cell:	Fax:		
Email:				
Legal Interest:				
Owner Information:				
Name:				
Address:				
Phone:		Fax:		
Email:				
Attached is documentation verifying ow	nership of the property.	Attach Property Ca	ard if owner.	
Subject Parcel:		Deed Volume:	Page:	
Address:				
Acreage: Zone:	Assessor's	s Map, Block, Lot #:		
Is the subject parcel within 500 ft. of the Tox	wn boundary? y	es <u> </u>		
If yes, what town(s) does it border?				
Variance Request: I hereby apply for a Variance to Article(s) _	of the Zo	oning Regulations, to permit	the following:	
Is a Hardship claimed? If so, what is the specific Hardship?				

A 10 1 5 11 01 5		
Appeal from the Decision of the Zoning Ag		
I hereby Appeal the Decision of the Zoning Agent dated: (attach copy), stati		(attach copy), stating
The basis for my Appeal is:		
Certificate of Motor Vehicle Related Busine	ess:	
Describe Proposed Use:		
Beschie Proposed Osc.		
Previous Applications:		
	and an Annu1 - CI	nation has flad with this access?
Has any previous application for Variance, App		_
If so, for what purpose?	When?	File No
[n		
Parties of Interest:		
Attorney / Engineer/ Architect / Builder Nam		
Address:		
Phone:	Cell:	Fax:
Email:		
Fees*:		
\$60.00 (State Fee) + Town Fee \$	= \$	(Total Fee)
*Total Fee payable to: Town of Thompson		
Signatures:		
Signature of Owner(s)		Date:
Signature of Owner(s)		Date.
		D
Signature of Applicant(s)		Date: