

# PETITION TO THE BOARD OF APPEALS

CITY OF BRIDGEPORT, CONNECTICUT

The undersigned presents the following petition for: (check those which apply) Variance ; Appeal from Zoning Officer ; Certificate of Approval of Location for Motor Vehicle Licensing ; Extension of Time Permit ; Request for Re-hearing ; modify Plan of Development ; Change of Condition(s) of Approval ; under the Zoning Regulations of the City of Bridgeport and/or the General Statutes of the State of Connecticut as to the premises located at

\_\_\_\_\_ (Number) \_\_\_\_\_ (Street) \_\_\_\_\_ (Zone Classifications)  
On the \_\_\_\_\_ side of the street about \_\_\_\_\_ feet \_\_\_\_\_ from  
(North, South, East, West) (North, South, East, West)

\_\_\_\_\_ (Street) Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_  
Dimension of Lot in Question \_\_\_\_\_ (Specify)

1. NAME OF PETITIONER \_\_\_\_\_ (Print)

2. PETITIONERS INTEREST IN PROPERTY ( OWNER, LESSEE, ETC. ) \_\_\_\_\_

3. HAS ANY PREVIOUS PETITION BEEN FILED \_\_\_\_\_ IF SO, GIVE DATE OF HEARING \_\_\_\_\_ (Yes or No)

4. DESCRIBE PROPOSED DEVELOPMENT \_\_\_\_\_

5. THIS PETITION RELATES TO : (check those which apply); SETBACK ; YARDS ; LANDSCAPING ; LOT AREA AND WIDTH ; FLOOR AREA ; HEIGHT ; PARKING  EXTENSION OR ENLARGEMENT OF NON - CONFORMING USE AND / OR BUILDING ; COASTAL SITE PLAN REVIEW ; FLOOD DAMAGE PREVENTION ; WAIVER OF MOTOR VEHICLE HEARING REQUIREMENTS ; OTHER ; \_\_\_\_\_

6. USE TO BE MADE OF PROPERTY \_\_\_\_\_

7. IS HARDSHIP CLAIMED \_\_\_\_\_ IF SO , WHAT IS THE SPECIFIC HARDSHIP \_\_\_\_\_ (Yes or No)

PETITIONER \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_ (Signature) (Print)

If signed by agent, state capacity (lawyer, builder, etc.) \_\_\_\_\_

Mailing address \_\_\_\_\_ (Zip Code) (Telephone #)

Property Owners endorsement \_\_\_\_\_ / \_\_\_\_\_ (Signature) (Print)

Subscribed & Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public in & for the County of Fairfield, State of Connecticut.

Petitioner's Endorsement  
(If other than owner) \_\_\_\_\_ / \_\_\_\_\_ (Signature) (Print)

Subscribed & Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

## Note: READ CAREFULLY BEFORE FILLING OUT THIS PETITION

All Questions must be answered in detail (use separate sheet if necessary).  
The Petitioner or his agent must adhere to the attached check list or it will not be possible for the Zoning Board of Appeals to process this petition.

NO PETITION RECEIVED BY MAIL CAN BE ACCEPTED.  
PLEASE MAKE CHECK PAYABLE TO ZONING BOARD OF APPEALS  
(REFER TO ZONING DEPARTMENT AS TO FEES - 576 - 7217)

Fee received: Date \_\_\_\_\_, 20 \_\_\_\_\_ Clerk

FOR OFFICE USE ONLY