

**ZONING BOARD OF APPEALS  
BOROUGH OF STONINGTON  
STONINGTON, CT.**

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Date: \_\_\_\_\_ Application # \_\_\_\_\_

Address of property: \_\_\_\_\_

Owner address: \_\_\_\_\_

Phone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Contractor or Project Manager: \_\_\_\_\_

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

Zone: \_\_\_\_\_

Zoning Regulation (s) pertinent to application or appeal:

\_\_\_\_\_

(please give "section" eg 4.3.2)

Action requested of Zoning Board of Appeals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for application (please be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Total area of lot in square feet: \_\_\_\_\_

Total lot coverage existing, sq.ft. \_\_\_\_\_ percentage \_\_\_\_\_

Total lot coverage proposed, sq. ft. \_\_\_\_\_ percentage \_\_\_\_\_

Total existing F.A.R. \_\_\_\_\_ proposed F.A.R. \_\_\_\_\_

Front yard required: \_\_\_\_\_ proposed \_\_\_\_\_

Rear yard required: \_\_\_\_\_ proposed \_\_\_\_\_

Side yard required: \_\_\_\_\_ proposed \_\_\_\_\_

Height of present structure at its lowest point of elevation: \_\_\_\_\_

Height of proposed structure at its lowest point of elevation: \_\_\_\_\_

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ZONING BOARD OF APPEALS RECORD OF DECISION**

Zoning Meeting date: \_\_\_\_\_

Motion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<b>Signature:</b>	<b>In favor:</b>	<b>Against:</b>	<b>Reason:</b>
_____			
_____			
_____			
_____			
_____			
_____			

**ZONING BOARD OF APPEALS**

Dated: \_\_\_\_\_

Effective Date: \_\_\_\_\_