APPLICATION FOR APPEAL OR VARIANCE MONTVILLE ZONING BOARD OF APPEALS

Name of Owner(s)	Application #				
Name of Applicant(s)	Date Submitted				
Mailing Address					
Tel #	Cell #	Business #	Zone		
Street Address of Property _					
Assessor's Map #	Lot #E	mail Address			
Is Property in question withi	n 500 feet of the Town	Line? Yes 🗌 No 🗌			
Please List The Names And	Addresses of the Adja	cent, Abutting, etc. Property	Owners below (attach an addit	ional sheet if needed):	
(2) The Ap	s an Error in an Order, oplicant seeks a Varianc			t Officer.	
The Decision which is being	Appealed, or the Secti	on(s) of the Zoning Regulati	ons from which a Variance is	Requested:	
The Applicant Requests the	Board to take the follow	wing action:			
The Nature of the Unusual H	lardship or Exceptional	Difficulty existing with regar	d to the property is		
Has any previous Appeal bed	en filed in connection w	vith these premises?	If so, when?		
If the Applicant has Designa	ted an Agent:				
Name of Agent:		Relationship:			
Address:		Phone No.:			
	rcement Officer to enter		hereby authorize the Montvil n for the purpose of inspecting		
Date	Applic	ant(s)			
	This Sp	ace Reserved For the Board	I		
Date Officially Received		Date of Public Hearing			
Action by Board			Date		