

FORM B

**APPLICATION FOR VARIANCE OF THE ZONING REGULATIONS
ZONING BOARD OF APPEALS
TOWN OF SPRAGUE, CONNECTICUT**

Name of Applicant: _____
Address: _____
Phone: _____

To be completed by the Board:
Application No.: _____
Date Received: _____
Hearing Date: _____
Fee Paid: _____
Received by: _____

Location of affected premises: _____
Map: _____ Block: _____ Lot: _____
Located on the _____ side of _____ street _____ feet distant
from the intersection of _____ with _____
Section of town _____ Zone _____

The variance requested relates to: () use () area () yard dimensions () height
() number of family units () street frontage () OTHER (describe)

VARIANCE of the following section of the zoning regulations is requested: _____

- a) Strict application of the regulations would produce **UNDUE HARDSHIP** because:

- b) The hardship created is **UNIQUE** and not shared by all properties alike in the neighborhood because:

- c) The variance would not change the **CHARACTER OF THE NEIGHBORHOOD** because:

List names and mailing addresses of owners of all properties bounding the subject property, including that property directly across the street. (Use additional sheet if necessary.)

Applicant's signature Date

To be completed by the Board:

Date of Board action: _____
Action taken: _____
Reasons for action: _____

Signature: _____