

**TOWN OF WOLCOTT
ZONING BOARD OF APPEALS
INSTRUCTIONS AND PROCEDURES**

APPLICATIONS:

All questions on the application must be answered to the best of your knowledge, and all required information must be submitted with the application. The appellant or his /her agent shall sign the application.

****PLEASE NOTE**:**

**ALL APPLICATIONS TO THE ZONING BOARD OF APPEALS MUST STATE A
HARDSHIP IN ORDER TO BE CONSIDERED FOR A VARIANCE**

{A LEGAL HARDSHIP must be contained within the application in order for it to be considered, per CT General Statutes Section 8-6} Employees and/or Town Officials are forbidden to aid the applicant regarding the statement of a HARDSHIP. Hardship definitions are easily accessible online}

**ALL APPLICATIONS MUST BE FILLED OUT IN THEIR ENTIRETY, AND SUBMITTED WITH THE FOLLOWING
SUPPORTING DOCUMENTATION REQUIRED:
THERE ARE NO EXCEPTIONS!**

NINE (9) COPIES of #1-10 below

1. Zoning Board of Appeals Application for a Variance (filled out in its entirety)
2. Building permit application, including lot coverage information, which was submitted to the Building Office and returned to you denied
3. Letter from the Zoning Enforcement Officer stating the specific reason (s) denying your application
4. Plot plan and/or A-2 Survey (an A-2 survey map/plan must be prepared by a licensed surveyor who attests that the conditions appearing on the survey show the conditions on the site as built up to the date of the map) Drawings/Maps to scale, accurately showing lot dimensions, area, yard dimensions, location, and size of all existing and proposed buildings on the property, **and the intended uses of each building**
5. Building plans if a new or existing building, addition or alteration to a building is involved
6. Inland/Wetlands approval
7. Chesprocott approval
8. Property Deed (Town Clerk's Office)
9. Property Field Card (Assessor's Office)
10. List of the names and addresses of the owners of all adjacent properties (all properties that share a property line) and property located across the street as indicated on the most recent records on file in the Town of Wolcott's Tax Assessor's Office (printed list provided by Assessor's Office).

11. **Application Fee - \$250.00** (payable to the **Town of Wolcott-ZBA**)
{this fee will not be returned if your application is denied; it is used to pay for the publication of 3 required legal notices for each appeal / 2 Prior/1 after }.
12. **DEEP Land Use Application Fee - \$60.00**
(payable to **Town of Wolcott-ZBA**)

****PLEASE PREPARE TWO (2) SEPARATE CHECKS
(\$250.00 payable to Town of Wolcott-ZBA)
(\$60.00 payable to Town of Wolcott-ZBA)****

WOLCOTT ZONING BOARD OF APPEALS INSTRUCTIONS AND PROCEDURES

LETTERS & PUBLIC HEARING NOTICES TO BE SENT TO NEIGHBORS:

The applicant shall mail a letter, **'Certified Mail Return Receipt' ONLY**, of said pending application & a Copy of the Public Hearing Notice, to at least one owner of record of each of said properties **not more than fifteen (15) days but not less than ten (10) days prior to the date set for the Public Hearing. Form Letter** (to be completed by applicant) **and Public Hearing Notice** (legal notice for publication in newspaper) will both be provided to you by the ZBA Secretary.

The letter and the Public Hearing Notice is to advise your neighbors that you have filed for a variance, the type of addition/construction that you are asking for approval for, the reason for the variance, and the date, time, and place that the hearing will be held. The letter must also advise them that they are entitled to be present at the Public Hearing to express their opinion, concerns, and/or to ask questions about your application. Correspondence is also accepted.

****IMPORTANT****

1. Evidence of such mailing, in the form of date stamped U.S. Postal Service Certificated Mail Receipts, **must be submitted in person**, to the Zoning Board of Appeals Secretary, together with a duplicate list of the adjacent properties (all properties that share a property line) and property located across the street, **not less than five (5) days prior to the Public Hearing date.**
2. The **Certified Mail Return Receipt Cards** (The Green Cards returned to you in the mail by the Post Office with Recipient's Signature), and a **copy of the letter, must be brought to the Public Hearing and submitted to the Board upon commencement of the Public Hearing.**

POSTING OF SIGN:

Applicants must post a sign (which is available in the Zoning Board of Appeals Office), **no later than ten (10) days prior to the Public Hearing.** The sign must be posted so that it is visible and legible from the street.

****Failure to comply with ALL of the above procedures required herein shall be deemed a valid basis for denial of a variance request****

ZONING BOARD OF APPEALS' COMMISSION MEETING/APPLICATION DEADLINE:

The Zoning Board of Appeals Commission meets on the second (2nd) Wednesday of each month, at 6:00 P.M. therefore, due to state statute requirements for legal notice publications, all applications must be submitted to the Zoning Board of Appeals' Secretary no later than **2:00 p.m. on Wednesday (exactly three (3) weeks prior to the date of the meeting).**

IF A SECOND MEETING IS REQUIRED FOR THE SAME APPLICANT:

If the applicant does not provide, and follow all information and procedures outlined in these instructions, and the appeal cannot be heard for the Public Hearing in which it was published for, then it would be the applicant's responsibility to provide payment to the Town of Wolcott for the re-publication of their application for the next meeting.

THE BOARD, IN ITS DISCRETION, MAY DISMISS AN APPEAL (WITHOUT PREJUDICE) FOR FAILURE TO COMPLY WITH ANY OF THE FOREGOING INSTRUCTIONS AND/OR PROCEDURES.

I HAVE READ, UNDERSTOOD, AND AGREE TO COMPLY WITH ALL INFORMATION CONTAINED HEREWITH IN THESE INSTRUCTIONS AND PROCEDURES:

 APPLICANT'S SIGNATURE

 DATE

 APPLICANT'S SIGNATURE

 DATE

- U.S. Postal Service Certificated Mail Receipts (sample below) & Duplicate Property List Must be submitted in person, not less than five (5) days prior to the Public Hearing date.**

- The Certified Mail Return Receipt Cards (The Green Cards returned to you in the mail by the Post Office with Recipient's Signature – sample below), and a copy of the letter sent, must be brought to the Public Hearing, and submitted to the Board upon commencement of the Public Hearing.**

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|--|--|---|---|--|--|--|---|---------------------------------------|--|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery</p> | | | | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 2em; font-weight: bold; color: #ccc;">SAMPLE</p> <p style="text-align: center;"> 9590 9401 0000 5191 0000 12</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | |
| <p>2. Article Number (<i>Transfer from service label</i>)</p> | <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table> | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail | | <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | | | | | | | | | | | | | | | | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | Domestic Return Receipt | | | | | | | | | | | | | | | | |