

Town of Chester  
203 Middlesex Avenue  
Chester Connecticut 06412-0218



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**CHESTER ZONING BOARD OF APPEALS APPLICATION**  
**Chester, Connecticut**

**FEE: \$280.00** (includes \$60.00 State of Connecticut DEP fee)  
Please make checks payable to: Town of Chester

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

1. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant is (circle one): Individual, Partnership, LLC, Corporation, Other  
If Other, please specify: \_\_\_\_\_

Applicant is (circle one): Owner, Tenant, Prospective Buyer, Agent

2. Property Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. Property: Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone \_\_\_\_\_  
Street Address \_\_\_\_\_

4. Is this an application for an Auto Repair, Auto Sales, or Parking Operation? Yes No

5. This application is seeking (please check only one):

\_\_\_\_\_ a **VARIANCE** from the Chester Zoning Regulations  
(continue with section 6, skipping section 7)

**OR**

\_\_\_\_\_ an **APPEAL** of a decision of the Chester Zoning Compliance Office  
(continue with section 7, skipping section 6)



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6. Complete this section for a **VARIANCE** application:

A. Specify the exact section(s) of the zoning regulations for which the variance is sought: \_\_\_\_\_

and the conditions affected (e.g. setback, area, use, etc.)  
\_\_\_\_\_

B. Provide a brief description of the project or proposal:  
\_\_\_\_\_  
\_\_\_\_\_

C. Strict application of the regulations would create an undue hardship because:  
\_\_\_\_\_  
\_\_\_\_\_

D. The hardship is unique and not shared by others in the neighborhood because:  
\_\_\_\_\_  
\_\_\_\_\_

E. The variance would not change the character of the neighborhood because:  
\_\_\_\_\_  
\_\_\_\_\_

7. Complete this section for an **APPEAL** application:

Describe the conditions and basis of the appeal:  
\_\_\_\_\_  
\_\_\_\_\_

Complete the following sections for **ALL** applications.

8. Is any portion of the property within 500 feet of another town's boundaries? Yes No

If Yes, list the name(s) of the Town(s): \_\_\_\_\_

9. For business applications:

A. List hours of operation: \_\_\_\_\_

B. Provide a plan showing the location, size and construction of all signs.

10. For auto sales, maximum number of vehicles to be displayed: \_\_\_\_\_



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11. List any improvements on the subject property (residential dwelling, out buildings, septic, well, etc.) since January 11, 1969, the date of inception of the Town of Chester Zoning Regulations. Include the date and brief description of each improvement.

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12. List any variances granted for the subject property since January 11, 1969. Indicate the date of each variance, applicable Chester Zoning Regulations section numbers, description of improvements for which the variance was obtained, name of property owner when the variance was granted and the volume and page number of the Chester Land Records where the variance is recorded. Attach copy(s) of variances recorded in the Land Records.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Property Owner

Signature of Property Owner is required on all applications.

(Revised 04/2006)