

TOWN OF PARSONSFIELD
APPLICATION FOR A VARIANCE
TO ZONING BOARD OF APPEALS

Name of Appellant _____

Mailing Address _____

City or Town _____ State _____

Telephone _____ Map/Lot _____

email _____

Name of Owner _____

The undersigned requests that the Zoning Board of Appeals Consider this **Variance Request**:

- A. Nature of Variance:** Describe generally the nature of the variance. In addition, a sketch plan of the property must accompany this application showing the dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of the proposed buildings or alterations, and any natural or topographic peculiarities of the lot in question.

- B. Justification of Variance:** In order for a variance to be granted, the appellant must demonstrate to the Board of Appeals that the strict application of the terms of the zoning ordinance would cause undue hardship. There are four criteria, which must be met before the BOA can find that a hardship exists. Please explain how your situation meets each of these criteria listed:

- 1.** The land in question cannot yield a reasonable return unless the variance is granted.

- 2.** The need for a variance is due to the unique circumstances of the property and not to the general conditions of the neighborhood.

3. This hardship is not the result of action taken by the appellant or a prior owner.

4. The granting of a variance will not alter the essential character of the locality.

Application for a variance shall be submitted to the **Town Clerk**, who shall notify the Chairman of Board of Appeals. A \$100 Application Fee and \$150 Escrow Fee **MUST** be paid with this application. Additional funds may be required to complete the processing of this appeal.

I certify that the information contained in this application and any supplements is true and correct.

Date: _____

Appellant Signature: _____

You will be contacted by the Chairman of the Appeals Board to schedule your hearing.