

ZBA Office Use Only

Application Number: _____

Filing Fees: _____

Date & Time Received @ZBA Office:

**Zoning Board of Appeals
Town of Pomfret, Connecticut
Appeal from a Decision of the Zoning Enforcement Officer**

1. Applicant(s):

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

2. Address of property subject to appeal:

3. Location of property subject to appeal by Assessor's Map # ____, Block ____, and Lot # ____.

4. Record owner of property subject to appeal (subject property):

5. Statement of Appeal (Reason for your grievance):

[illegible]

6. Statement of Material Facts (Describe circumstances, relevant history, and testimony; include maps and/or photos where appropriate):

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice. There are no margins, text, or other markings on the page.

7. Legal Basis of Appeal (Cite relevant Zoning Regulations):

[illegible]

Applicant(s)

Signature: _____

Date: _____

Signature: _____

Date: _____

APPEAL IS: **Granted:**____ **Denied:**____

Date of Decision: _____

Chair or Acting Chair: _____

***Application and filing fees must be submitted in person at the Pomfret Land Use Office.**

**Questions and inquiries should be directed to the Pomfret Land Use Office at 860-974-9135 or
lynn.krajewski@pomfretct.gov.**