

APPLICATION FOR VARIANCE APPEAL

CASTINE ZONING BOARD OF APPEALS
P.O. Box 204 • 67 COURT STREET • CASTINE, MAINE 04421
PHONE (207) 326-4502 • EMAIL: shawn@castine.me.us

Office Use Only
RECEIVED
Ву
Date

GENERAL INFORMATION							
1. Property Owner:							
2. Mailing Address:							
3. City, State, Zip Code:							
4. Telephone: Email:							
5. Name, Address, Telephone, Email of Applicant (if different from owner):							
6. Property: Street Address							
Tax Map	Lot No	Zoning District:					
7. Applicant's legal interest in t	he property identified	d above is verified by one or more of the					
following: a.) deed, b.) purchas	se & sale agreement,	c.) lease, d.) option agreement, e.) other.					
Please explain and attach any d	locuments in support	of the explanation.					
INFORMATION ON THE VARIANCE	REQUEST						
1. Type of Variance: (☑ as applicable)							
☐ Disability Variance pursuant to Title 30-A MRSA § 4353 (4-A) or							
☐ Variance from Dimensional Standards pursuant to Title 30-A MRSA § 4353 (4-C)							
2. Provide information as necessary to demonstrate this request for a variance meets the							
conditions set forth in the O	rdinance and referen	ced State statues.					

Note: You are urged familiarize yourself with the current *Zoning Ordinance of the Town of Castine, Maine* (Article 14, §14.2.B deals with Variance Appeals), the referenced State statues, and to make your application as detailed and complete as is possible. You may attach as many documents and as much explanatory text to this application as you deem necessary for the zoning board of appeals to give your application proper consideration. Upon receipt of your application, with attachments and the required administrative fee of \$100.00, at the address above, you will be notified either that it is complete and that a public hearing will be scheduled within 30 days from the date of its receipt or you will be informed that specific additional information is required in order to permit processing of your application by the board.

To the best of my knowledge, a correct.	II IIIIOIIIIau	ion submitted on and with	і спіз арріісасіон із	s true and
Date:	By:			
	·	Signature		
		Printed Name		
	For Code	Enfocement Officer use		
Fee: \$ <u>100.⁰⁰</u>			Date Paid:	
Comments:				
Code Enforcement Oficer				Date

ZBOA-Variance Appeal • 06/21 Page 2 of 2