



Planning Department · Hamden Government Center  
2750 Dixwell Avenue · Hamden, CT 06518  
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www.hamden.com

Appeal # \_\_\_\_\_  
Date Received \_\_\_\_\_

## APPEAL OF DECISION

Applicant \_\_\_\_\_ Address \_\_\_\_\_  
Town/Zip Code \_\_\_\_\_

Affected Premises Location \_\_\_\_\_ Date \_\_\_\_\_

Property Owner \_\_\_\_\_ Address \_\_\_\_\_

Address \_\_\_\_\_ Town/Zip Code \_\_\_\_\_

Agent/Attorney \_\_\_\_\_ Address \_\_\_\_\_

Town/Zip Code \_\_\_\_\_

1. **APPEAL OF DECISION:** (Please explain) \_\_\_\_\_

### PLEASE NOTE:

Pursuant to C.G.S. Section 8-6, the Zoning Board of Appeals has the power to HEAR AND DECIDE APPEALS, where it is alleged that there is an error in any order, requirement or decision made by the official charged with zoning enforcement. Such appeals shall be made within fifteen days of the decision of the Zoning Enforcement Officer by the person, firm, corporation, or entity to whom said decision has been directed. **Applications must be received by the Clerk of the Zoning Board of Appeals by the 15<sup>th</sup> of the month to be heard at the following month's meeting. Meetings are held on the third Thursday of each month.**

### 10 COPIES OF APPLICATIONS ARE REQUIRED AND MUST INCLUDE THE FOLLOWING:

1. **Completed application form along with \$130.00 fee and all supporting documents.**
2. **LIST OF ALL ABUTTERS along with STAMPED (not metered) ENVELOPES** addressed to all property owners (not tenants) listed on an abutters list (which can be obtained from the Assessor's Office), including one envelope addressed to yourself. Please address the envelopes to the property owner's mailing address (as listed on the abutters list) rather than to the address of the property that abuts yours. The return address should be:

**Zoning Board of Appeals  
Hamden Government Center  
2750 Dixwell Avenue  
Hamden, CT 06518**

I hereby state that all the above information and any information contained in any papers submitted herewith are true and correct to the best of my knowledge and belief under penalties of false statements.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_