



# TOWN OF NEWINGTON

131 Cedar Street Newington, Connecticut 06111

## Town Planner

Keith Chapman  
Town Manager

Craig Minor  
Town Planner

APPEAL NO. \_\_\_\_\_

DATE \_\_\_\_\_

**USE THIS FORM FOR APPEALING AN ORDER OF THE  
ZONING ENFORCEMENT OFFICER**

**ZONING BOARD OF APPEALS  
TOWN OF NEWINGTON  
131 Cedar Street  
Newington, Connecticut 06111**

ZONE \_\_\_\_\_

APPLICANTS \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OWNERS \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Address of affected premise. \_\_\_\_\_  
(If business state name)

Type of Appeal            ( )    Appeal ruling by Zoning Officer

Specify details of Appeal and describe the reasons for seeking reversal of the order:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On what portion of the Zoning Ordinance is the Appeal based – Provide Section Number:

\_\_\_\_\_

Owners' Signature \_\_\_\_\_

## REQUIRED APPEAL DOCUMENTS

- 1) Site plan / or plot plan to scale showing existing & proposed improvement.
- 2) Elevations of proposed structures
- 3) Sign to be prominently displayed **10 calendar days** prior to hearing.

FEES – Appeal of Zoning Enforcement Officer - No fee

Variance - \$320.00

Sign Deposit - \$40.00



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Craig Minor, AICP  
Town Planner

<b>DATE:</b> _____	<b>PETITION NUMBER:</b> _____
<b>Petition Address:</b> _____	

- I have received a Public Hearing Notice Sign and submitted the \$40 sign fee.
- The sign will be posted in public view for the required 10 days prior to my hearing date.
- I agree to return the sign within five (5) days after the public hearing.

\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Telephone No.**

**\* Refundable Sign Fee: \$ 40.00**

**\*Deposit shall be forfeited if Public Hearing sign is not returned to the Town Planner's office.**

**Check#** \_\_\_\_\_ **or**  **Cash**

\_\_\_\_\_  
**Sign Returned on** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**