

## VINALHAVEN BOARD OF APPEALS

### APPLICATION FOR A VARIANCE APPEAL

Name of Applicant: \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Note to Appellant: For this form to be processed, you must pay a non-refundable \$225.00 filing fee and provide proof of standing (right, title, or interest). Return this application, fee, and proof of standing to the Town Manager. You will be contacted by the Board of Appeals (BOA) about a date for a site visit and a hearing date for your appeal.

Variance Appeal:

- A. Nature of Variance – Describe generally the nature of the variance:

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In addition, a sketch of the property must accompany this application showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographical peculiarities of the lot in question.

- B. Justification for Variance-In order for a variance to be granted, the applicant must demonstrate to the BOA that the strict application of the terms of the zoning ordinance would cause undue hardship or that the purpose of the Variance is to make the property accessible to a person with a disability who is living on the property. 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 the criteria numbered 1-4. If you are seeking a Disability Variance, skip questions 1-4 and complete question 5 only.

I certify the information contained in this application and its supplement is true and correct.

Appellant: \_\_\_\_\_ Date: \_\_\_\_\_

CRITERIA:

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

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

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

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4. The hardship is not the result of action taken by the appellant or the prior owner.

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5. Complete this question only if you are seeking a Disability Variance. Please indicate who lives on the property that possess a handicap, describe that handicap and explain why this variance is necessary to make the property accessible to the handicapped person.

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I certify the information contained in this application and its supplement is true and correct.

Appellant \_\_\_\_\_ Date \_\_\_\_\_