

**ZONING BOARD of APPEALS  
CITY OF BRISTOL, CONNECTICUT  
NOTICE OF APPEAL**

<i>For Office Use Only</i>
APPLICATION NO. _____
DATE FILED: _____
DECISION DATE: _____
DECISION: _____

The undersigned Appellant hereby appeals to the Bristol Zoning Board of Appeals from the order, requirement or decision of the Zoning Enforcement Officer as more fully described below and requests that such order, requirement or decision be reversed.

Briefly describe the order, requirement or decision of the Zoning Enforcement Officer being appealed:

---

---

Address or Location of the Property: \_\_\_\_\_

Assessor's Map No.: \_\_\_\_\_ Assessor's Lot No.(s): \_\_\_\_\_ Zone of the Property: \_\_\_\_\_

Briefly describe the grounds for this appeal:

---

---

---

Other comments:

---

---

APPELLANT (If more than one, list on Page 2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

CHECK ONE: [ ] owner [ ] other (specify): \_\_\_\_\_

OWNER(S) OF RECORD (If other than Applicant; if more than one, list on Page 2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

**The following shall be included as part of this application:**

- filing fee – \$185 (includes \$60 state fee) – make checks payable to "City of Bristol"
- any other data and drawings as may be relevant to this appeal

**THIS APPLICATION MUST BE FILED IN PERSON NO LATER THAN 12 NOON ON THE DEADLINE DAY FOR APPLICATION SUBMISSION – NO EXCEPTIONS!**

**CITY OF BRISTOL, CONNECTICUT  
SUPPLEMENTARY INFORMATION**

*For Office Use Only*  
APPLICATION NO. \_\_\_\_\_

Address or location of property: \_\_\_\_\_

**ADDITIONAL INFORMATION/COMMENTS (click inside the box below and begin typing)**

**ADDITIONAL APPLICANT**

Name: \_\_\_\_\_ CHECK ONE: [ ] owner [ ] other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

**ADDITIONAL OWNER(S) OF RECORD**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

**(OPTIONAL) SEND COPIES OF ALL CORRESPONDENCE TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CITY OF BRISTOL, CONNECTICUT  
SUPPLEMENTARY INFORMATION**

*For Office Use Only*  
APPLICATION NO. \_\_\_\_\_

Address or location of property: \_\_\_\_\_

**ADDITIONAL INFORMATION/COMMENTS (click inside the box below and begin typing)**

**ADDITIONAL APPLICANT**

Name: \_\_\_\_\_ CHECK ONE: [ ] owner [ ] other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

**ADDITIONAL OWNER(S) OF RECORD**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature – (Printed/Typed) \_\_\_\_\_

**(OPTIONAL) SEND COPIES OF ALL CORRESPONDENCE TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_