Application for Appeal or Variance
Town of Bremen
Board of Appeals

March 12, 2018

Applicant:

NAME:_____MAILING ADDRESS: _____

CITY:_____STATE:_____ZIP CODE:_____TEL.: _____

E-MAIL:_____CELL PHONE: _____

Agent: (if applicable)

NAME:_____MAILING ADDRESS: _____

CITY:_____STATE:_____ZIP CODE:_____TEL.: _____

E-M AIL:_____CELL PHONE: _____

RELATIONSHIP TO APPLICANT: _____

Please complete this application in its entirety. You may add other information as may be needed to adequately describe the purpose of seeking relief by the Bremen Board of Appeals (BOA).

Please review the Board of Appeals Ordinance, and note the requirements for submitting documents.

The following has been completed and attached, including request for relief:

- ❒ Statement of Problem
- ❒ Specific Request
- ❒ Standing
- ❒ List of Abutters
- ❒ Copy of receipt-of-payment, Administrative Fee
- ❒ Administrative Appeal
- ❒ *De Novo* Appeal

APPLICANT SIGNATURE:_____DATED: _____

AGENT SIGNATURE (if applicable):_____DATED: _____

APPLICATION for APPEAL

NAME OF APPLICANT:_____DATE: _____

I wish to appeal to the Board of Appeals the decision of

- the Bremen Planning Board;
- the Bremen Code Enforcement Officer; or
- Decision by _____.

  The decision is dated _____, 20__

To make an appeal the Applicant must have "standing." To establish standing, please complete the following questions:

I have right, title or interest in the affected property, or issue, as shown by: _____

_____

_____

_____

Unlike others in the community, I will suffer a particularized and specific injury in this matter if it is not resolved in my favor. I am adversely and directly affected by: _____

_____

_____

_____

_____

_____

_____

I have participated in the proceedings which led to this appeal as is shown by the following documentation and/or witnesses: _____

_____

_____

_____

_____

_____

_____

NAME OF APPLICANT_____DATE: _____

APPLICATION for APPEAL

I am providing this up-to-date and complete list of property owners within 500 feet of the property identified as the subject of this appeal:

- ✓ Bremen Tax Map and Lot numbers, and names and addresses of abutters are available in the commitment book and tax maps available at the Town Hall.

NAME:	MAP:	LOT:		
ADDRESS:		CITY:	STATE:	ZIP CODE:

NAME:	MAP:	LOT:		
ADDRESS:		CITY:	STATE:	ZIP CODE:

NAME:	MAP:	LOT:		
ADDRESS:		CITY:	STATE:	ZIP CODE:

NAME:	MAP:	LOT:		
ADDRESS:		CITY:	STATE:	ZIP CODE:

NAME:	MAP:	LOT:		
ADDRESS:		CITY:	STATE:	ZIP CODE:

USE ADDITIONAL SHEET FOR MORE PROPERTY OWNERS

APPEAL APPLICATION: PLANNING BOARD or DECIDING AUTHORITY

NAME OF APPLICANT:_____DATE: _____

I hereby request from the Bremen Board of Appeals to consider an

APPEAL

as I contest the interpretation or application of the ordinance / regulation, and I seek relief from the: (CHECK ONLY ONE)

❒ DECISION (Date _____) ❒ LACK OF ACTION

of the:

- Bremen Planning Board
- Bremen Code Enforcement Officer
- Other (Identify: _____)

The decision/lack of action I object to is: _____

_____

_____

I object for the following reason(s) [Supported with citations(s), of pertinent ordinance(s), deeds, maps, documents, etc.]: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(USE BACK OF THIS PAGE OR ADDITIONAL SHEET AS NECESSARY)

APPLICANT/AGENT SIGNATURE_____DATE: _____

VARIANCE APPLICATION.

NAME OF APPLICANT:_____DATE: _____

I hereby request from the Bremen Board of Appeals to consider an

APPEAL FOR VARIANCE

which is applicable to a land use ordinance.

In requesting this variance, I understand that:

I must show that without a variance, undue hardship would be imposed on any owner of the property, not just the present owner; and

I must satisfy the legal test for undue hardship by showing that:

A. Without a variance, this property has lost all, or most all of its value, and

B. This property is affected by the ordinance in ways that neighboring properties are not, and

C. Granting of a variance will not alter the essential character of the locality, and

D. The loss of value does not result from my actions or those of prior owners.

Property Identification: Address:_____Tax Map___Lot___

Owner of record: _____

Necessity for Variance: The proposed project is non-conforming in the following ways: _____

_____

_____

Justification for Variance: The four point legal test for undue hardship can be satisfied as follows: _____

_____

_____

_____

(USE BACK OF THIS PAGE OR ATTACH ADDITIONAL SHEETS AS NECESSARY)

APPLICANT/AGENT SIGNATURE:_____DATE: _____

PRINTED NAME: _____

DISABILITY VARIANCE APPLICATION (Access).

NAME OF APPLICANT_____DATE: _____

I hereby request from the Bremen Board of Appeals to consider a

DISABILITY VARIANCE

as provided by Title 30-A, M.R.S.A. § 4353, § § 4-A

I need to make my property accessible to a disabled resident of my property. Bremen Ordinances prevent construction of any reasonable access to the structure.

Property Identification: Address_____ Map____Lot_____

Owner of record: _____

Name (s) of person (s) disabled: _____

Description of Disability: _____

I expect this disability to last approximately: _____Months_____Years

In requesting this disability variance, I understand that:

Such a variance applies solely to the installation or equipment or structure necessary for access to and from the property by the disabled person; and

The equipment or structure, permitted by a disability variance, must be removed when there no longer is a disabled person living on the premises.

APPLICANT/AGENT SIGNATURE:_____DATE: _____

PRINTED NAME: _____