

**Town of West Windsor**  
*Variance Application*

Locatable Address of Property \_\_\_\_\_

Applicant Name \_\_\_\_\_

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

Landowner Name \_\_\_\_\_

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

Tax Map # \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of Landowner \_\_\_\_\_

Date application filed \_\_\_\_\_

The fee for a variance is \$150.

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Describe specific relief sought: \_\_\_\_\_

→ Please include a scale drawing of the lot showing setbacks of proposed construction.

→ Please address the 5 variance criteria (attached).

**Warning: State permits may be required for this project. The applicant is obligated to identify and obtain all necessary state permits. Call 802-885-8850 to speak to the State Permit Specialist before beginning construction.**

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FOR USE BY ADMINISTRATIVE OFFICER ONLY

Application # \_\_\_\_\_ Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_

Date of DRB Hearing \_\_\_\_\_

Decision of DRB: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Notice of Decision mailed \_\_\_\_\_

CERTIFIED MAIL # \_\_\_\_\_