

# TOWN OF THORNTON ZONING BOARD OF ADJUSTMENT

## APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

To: Town of Thornton  
Zoning Board of Adjustment

<i>Do not write in this space: For office use</i>	
Date Filed:	_____
Case No:	_____
Received by:	_____
Application Fee: \$	_____
Certified Notice Fee: \$	_____

Name of Applicant: \_\_\_\_\_

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

Property Owner: \_\_\_\_\_  
*If same as applicant, write "same"*

Location of Property: \_\_\_\_\_  
*Street Address* *Tax Map / Lot Number*

Note: This application is not acceptable unless all required statements have been made.  
Additional information may be supplied on a separate sheet if the space provided is inadequate.

## APPLICATION FOR AN EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS

An Equitable Waiver of Dimensional Requirements is requested from Article \_\_\_\_\_ Section \_\_\_\_\_  
of the Thornton Zoning Ordinance to permit the following: \_\_\_\_\_

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

- Does the request involve a dimensional requirement, not a use restriction?  YES  NO
- Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commenced by the Town of Thornton. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ or,

*(Please note that question 2 is answered by either completing the above section on this page or both sections on the following page.)*

Explain how the nonconformity was discovered after the structure was substantially completed or after a vacant lot in violation had been transferred to a bona fide purchaser. \_\_\_\_\_

\_\_\_\_\_ and

how the violation was not an outcome of ignorance of the law or bad faith but resulted from a good faith error in measurement or calculation: \_\_\_\_\_

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

3. Explain how the nonconformity does not 1.) constitute a nuisance 2.) diminish the value or 3.) interfere with future uses of other property in the area. \_\_\_\_\_

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

4. Explain how the cost of correction far outweighs any public benefit to be gained. \_\_\_\_\_

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

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_