



**Town of Mount Desert Zoning Board of Appeals
Variance Application**

TO ALL APPLICANTS FOR A ZONING VARIANCE PLEASE BE ADVISED THAT IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE, YOU MUST SUBMIT THE FOLLOWING:

1. The application must be completely filled out and signed. You must submit an original plus NINE copies.
2. Detailed plot plan to scale, or a survey of the lot.
3. Plans and location of the proposed structure.
4. Letter of authorization if representing owner.

NAME OF APPELLANT: _____

MAILING ADDRESS: _____

CITY OR TOWN: _____

TELEPHONE: _____ MAP: _____ LOT: _____ ZONE: _____

NAME OF OWNER: _____

PROPERTY LOCATION: _____

TYPE OF VARIANCE: ☐ Setback Variance
☐ Disability Variance (Title 30-A M.R.S.A § 4353(4-A);
☐ Floodplain Variance (Article IX of Floodplain Ordinance)

- a. Nature of Variance: Describe generally the nature of the variance: _____

(over)

- b. Justification of Variance: In order for a variance to be granted, the appellant must demonstrate to the Board of Appeals that the strict application of the terms of the Zoning Ordinance would cause undue hardship. The following criteria must be met before the Board of Appeals can find that a hardship exists. Please explain how your situation meets each of these criteria listed below.

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

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

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

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

NOTE: If your variance request is denied, you may take an appeal within 45 days of the vote on the original decision of the Board to Superior Court. If your request is granted, it must be filed with the Hancock County Registry of Deeds within 90 days of the vote of the Board to grant the variance. A variance not filed within 90 days shall expire.

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

Date _____

APPELLANT

Appeal Board Application Number _____

Application Fee – Public Hearing Notice fee to the local newspaper.

Abutter's list attached (provided by office staff)