

**TOWN OF SMITHFIELD BOARD OF APPEALS
APPLICATION FOR DISABILITY VARIANCE
Fee: \$100.00**

1. Name of Applicant: _____

2. Mailing Address: _____

3. City or Town: State: _____

4. Telephone: _____

5. Name of Property Owner (if different from applicant): _____

6. Location of property for which variance is requested (street/road address): _____

7. Zoning district in which property is located: _____

8. Tax map and lot number of subject property: Map _____ Lot _____

9. The applicant has the following legal interest in the subject property (deed, purchase and sale agreement, lease, option agreement or other – Required to attach a copy).

Reasons/Supporting Information for Variance.

1. The applicant proposes the following building, structure, use or activity on the subject property: _____.

2. The applicant seeks a variance(s) from the following dimensional standard(s): _____

which is/are contained in section(s) _____ of the Zoning Ordinance.

3. The lot is currently being used for the following:

4. The conditions and character of the neighborhood are:

The applicant requests the following type of variance Disability Variance
(30-A M.R.S.A. § 4353(4-A))

a. Disability Variance.

The Board of Appeals may grant a variance to an owner of a dwelling for the purpose of making that dwelling accessible to a person with a disability who resides in or regularly uses the dwelling. The Board shall restrict any variance granted under this provision solely to the installation of equipment or the construction of structures necessary for access to or egress from the dwelling by the person with the disability. The Board may impose conditions on the variance, including limiting the variance to the duration of the disability or to the time that the person with the disability lives in the dwelling. For the purposes of this provision, a disability has the same meaning as a physical or mental handicap under the Maine Human Rights Act and the term "structures necessary for access to or egress from the dwelling" is defined to include railing, wall or roof systems necessary for the safety or effectiveness of the structure.

Please answer the following questions to explain why you believe that the subject property meets each of the following criteria for this type of variance:

a. Does a person with a disability reside in the dwelling? YES OR NO

b. Does a person with a disability regularly use the dwelling? YES OR NO

If yes please briefly explain;

c. Is the installation of equipment or the construction of structures proposed under this application necessary for access to or egress from the dwelling by the person with the disability?

(Explain)_____

d. Does the disability have a known duration? YES OR NO

If so, what is that duration? _____

Additional Information

In addition to the information provided above, please submit a sketch plan of the property showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings, additions and alterations, the locations of roads and driveways, the location of any water body adjacent to the property, and any natural and topographic peculiarities of the lot in question.

Signature of Applicant

To the best of my knowledge, all information submitted on and with this application is true and correct.

Date: _____.

By: _____

(Signature)

(Print Name)

Note to Appellant: this form should be returned to the Town Office located at 926 Village Road, Smithfield in person. The Administrative Assistant will contact the Chairman of the Board of Appeals and you will be notified of the date of the hearing on your appeal within thirty (30) days of receipt of COMPLETED application.