

Town of Sweden, Maine Board of Appeals
Application for Variance for Disability Appeal

1. Name of Owner of Property Which is Subject of Appeal: _____
2. Address of Property: _____
3. Name of Agent if applicable and relationship to Owner of Property: _____
(Note: a letter from the owner of the property designating agent to act on their behalf in this matter or Power of Attorney must accompany the request for appeal if the request is not made by landowner).
4. Telephone: _____
5. Mailing Address: _____
6. Map _____ 7. Lot _____ 8. Zone(s) _____
9. Fee: A fee of \$75 is to be submitted with the application. The applicant shall pay 100% of the costs incurred by the Town of Sweden or its officials but not less than \$75.
10. I hereby request that the Sweden BOA consider a DISABILITY VARIANCE as provided by Title 30-A, M.R.S.A. § 4353, § 4-A. It is necessary to make my property accessible to a disabled resident of my property. The Sweden Zoning and Land Use Ordinance Section _____ prevents construction of any reasonable access to the structure. My application for a permit has been duly processed and the decision of the Planning Board or Code Enforcement Officer has been other than "approved".
11. The date on which the decision was made and by whom: _____
The law requires that the appeal must be filed within 60 days. If an ordinance or statute does not provide a time limit within which an appeal to the board of appeals must be filed, the court has held that a period of 60 days constitutes a reasonable appeal period.
12. Name (s) of person (s) disabled: _____
13. Description of Disability: _____
14. I expect this disability to last approximately: _____ Months _____ Years

I certify that the information contained in this application is true to the best of my knowledge and belief. I also understand that for a **Disability Variance Appeals:**

- a. 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
- b. The equipment or structure, permitted by a disability variance, must be removed when there no longer is a disabled person living on the premises; and
- c. The granting of this variance must be recorded with the Registry of Deeds in Fryeburg to be valid and
- d. If or when the lot or use ceases to be a single family residence, the setback reduction by this variance will be rescinded.

I understand that I am responsible for 100% of the costs incurred by the Town of Sweden or its officials including but not limited to the cost of postage, advertising, attorney fees and/or the cost of independent consulting services deemed necessary by the Board.

DATE: _____

APPLICANT/AGENT SIGNATURE: _____

PRINTED NAME: _____