



CITY OF PORTLAND
Permitting and Inspections Department
Zoning Board of Appeals
Disability Variance Appeal Application

Applicant Information:

Applicant Name: _____ Phone: (____) _____ - _____
Business Name (if applicable): _____ Email: _____
Mailing Address: _____
Is the applicant an agent, representative, or lessee of the property owner/purchaser? Yes No
Name of Property Owner/Purchaser: _____ Phone: (____) _____ - _____
Business Name (if applicable): _____ Email: _____
Mailing Address: _____

Property and Project Information:

Property Address: _____ Zone: _____
Tax Assessor's CBL: _____ Current Use of Property: _____
Chart # Block # Lot #
Applying for a Variance from the Portland Code of Ordinances, Chapter 14, Section _____
Description of Proposed Project: _____

A person with a disability who needs to install exterior equipment or structures for accessibility to their residence should contact the Zoning Division (zoning@portlandmaine.gov) to find out whether a disability variance will be required. Under state and local law, disability variances may be granted from local zoning requirements to make a residential dwelling accessible to a person with a disability who lives in or uses the dwelling regularly. Disability variances are not subject to the strict requirements of other variances, and can often be granted by the Building Authority under the provisions of Section 2.3.11.C.2 of the Chapter 14 Land Use ordinance. If the Building Authority cannot grant the variance, the Zoning Board of Appeals may hear and decide on the variance request, per Section 2.3.11.C.1.

The normal variance application fees and costs of advertising shall be required for this appeal. Consideration will be given to a partial or total waiver of these fees upon request of the applicant. The applicant will need to submit sufficient financial information to the City so that the City can determine whether a fee waiver can be made due to financial hardship.

The undersigned hereby makes application for a disability variance as described above, and certifies that the information herein is true and correct to the best of his or her knowledge and belief.

Applicant signature: _____ Date: _____



CITY OF PORTLAND
Permitting and Inspections Department

Important:

This application contains private health information and is **confidential** pursuant to the Freedom of Access Law, 22 M.R.S.A. §402(3). **The medical information contained herein may not be disclosed to any person without the written consent of the patient.**

The Board of Appeals is authorized to grant disability variances by 30-A M.R.S.A §4-A and Portland Municipal Code Chapter 14, Section 2.3.11.C.1

1. What is the nature of the disability which supports the request for a variance?

2. Does the disability constitute a physical or mental handicap as defined by 5 M.R.S.A §4553?

Yes No

3. Does the person with the disability reside in or regularly use the dwelling?

Yes No

4. Is the variance which is requested restricted solely to installation of equipment or the construction of structures necessary for access to or egress from the dwelling by the person with the disability? "Structures necessary for access to or egress from the dwelling" includes railing, wall, or roof systems necessary for the safety or effectiveness of the structure.

Yes No

The Board may impose conditions on the variance, including limiting the term of the variance to the duration of the disability or the time that the person with the disability lives in the dwelling.