TOWN OF EAST HADDAM
ZONING BOARD OF APPEALS VARIANCE/APPEAL/OTHER APPLICATION

For Internal Use Only:
MEETING DATE: September 1, 2020 APPLICATION NO. 1124 pd $160.00 ck # 4548
CONTINUED DATE: _____ Date Granted/Denied: _____

*For this application to be heard at the next Zoning Board of Appeals regularly scheduled meeting, it needs to be filled out completely.

*All of the items noted below in Paragraphs 1 through 4 must be filled out completely, regardless.

*The Zoning Board of Appeals' Secretary will review your application and contact you if your application is missing pertinent information. If she cannot get in touch with you before the deadline for the submission of the legal notice, your application will be denied without prejudice because it is incomplete. You may resubmit your new application after completing the missing information for the next regularly scheduled meeting with the Zoning Board of Appeals' Secretary. This will require the standard fee and waiting period.

If help is needed in any part for the completion of this application, please call the Land Use Office at 860-873-5031.

* *

1. Please check below which applies to your reason for submitting this application:

I (we) hereby apply to the Zoning Board of Appeals for the following:

✓ A Variance for the following sections of the Zoning Regulation: Section 10.1

_____ ***OR***

_____ To Appeal a ruling/action of the Zoning Enforcement Officer relating to: _____

_____ ***OR***

_____ Other: _____

* 32 Forest Way *.

2. *This section needs to be filled out completely:* LOCATION OF AFFECTED PREMISES:

Assessor's Map No. 80 **Lot No.** ~~119~~ 9 **Deed Reference: Volume** 1089 **Page** 201

Location on the East **side of** 329 Forest Way **Street/Road/etc**

_____ **feet distance from the intersection of** Forest Way + Lake Shore Drive

Section of Town: _____ **Zone:** _____ **Owner/Applicant Phone#** _____

Owner Douglas + Amy Clarke **Address** 32 Forest Way, East Haddam 06423

Appellant(s) _____ Address _____

Lessee _____ Address _____

Agent _____ Address _____

3. If no previous appeals have been made to this property, please mark *N/A* here: NA

But if a PREVIOUS APPEAL(S) has been made with respect to this property, please supply the Application No. _____ and the Date that it was Approved/Denied: _____.

4. Describe the nature of the variances as it relates to the zoning regulations (this must be filled out so the Board understands the purpose of the application): Requesting a variance to section 10.1 of E. Haddam zoning regs. to construct an addition that will bring total lot coverage to 13% where 10% is allowed. Addition will be 8 ft from property line where 10 ft is allowed

5. This application relates to:

✓ area; _____ number of family units; _____ signs; _____ street frontage; _____ yard dimension ;

or other (please explain):_____

_____

6. Please state any deed restrictions (if there are none, please write N/A): NA

_____

_____

7. Is this property within 500 feet of Colchester, Salem, Old Lyme, Haddam or East Hampton?

If yes, which town(s) (if not, write N/A) : NA

8. With respect to any VARIANCE of the Zoning Regulations, which is requested, please complete the (a), (b) and (c) below:

(a) Strict application of the regulations would produce a UNDUE HARDSHIP because:

Placement of the house dictates where the addition can be placed. Placement lakeside is not possible. Placement on south side would be too close to the septic.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: the variance requested is not unique because all properties are preexisting non conforming. and

_____.

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because:

See "b"

_____

_____.

9. With respect to an APPEAL from a ruling or action of the Zoning Enforcement Officer, the appeal should be sustained because: NA

10. You must mail a letter to all adjoining Property owners within 100 feet of your property lines, including across the street, by certified mail/return receipt at least 14 days prior to the scheduled Public Hearing date. (See Page 5 of this application which can be used as the letter.

(a) LIST the abutting property owners that you are required to notify in #11 of this application.

(b) YOU MUST PRESENT the certified mail & return receipts (white certified mail receipts and green return receipts cards) **at the Public Hearing in order for your appeal to be heard. This is your proof that you notified the required property owners within the required time frame by law.**

11. List ALL ADJOINING PROPERTY OWNERS within 100 feet of your property lines, including across the street. Please supply mailing addresses. You may use the back of this sheet if necessary.

Map 80 Lot 309 Name Susan + James Haffner Address 18 White St. Norton MA 02766

Map 80 Lot 321 Name Ray + Pauline Brigano Address 50 Fairwood Farms Dr. West Hartford CT 06107

Map 80 Lot 322 Name David + Margaret Myers Address 254 Sycamore Dr., Prospect CT 06712

Map 80 Lot 323 Name Lorraine Marvin Address 79 Kraemer Rd, Colchester, CT 06415

Map 80 Lot 324 Name Sherry Burgeson Address 423 Linwood Cemetery Rd Colchester, CT 06415

Map 80 Lot 326 Name Donald Sexton Address 52 White St #5 NY, NY 10013

Map 80 Lot 327 Name Justin + Alison George Address 77 Kent Lane, South Windsor, CT 06074

Map 80 Lot 328 Name Terry Bentley Maureen Clarke Address 333 Las Olas Way Fort Lauderdale, FL 33301

Map 80 Lot 330 Name Joseph DiNunno Address 165 Parker Farms Rd Wallingford CT 06492

Map 80 331 James + Dana Bennett 1846 Apt. 76 Margaret St Jacksonville, FL 32204

12. A PLOT PLAN is required to show the property lines, building lines, location of septic system, well and other structures on property along with your proposed addition, garage, shed, i.e. or whatever else your variance is needed for must also be indicated on the PLOT PLAN as well as the distances from all property lines. The Board, at its discretion, may require an A-2 survey on any application.

13. Submit this completed application with <u>Site Plan drawn to A-2 standard</u> (but not required to be surveyor or engineer certified) **<u>and Application/Appeal fee of $160.00</u>** to the Zoning Board of Appeals mailbox located in the Land Use Office at least 17 days before the next scheduled public hearing in order to be placed on the agenda for that hearing. Failure to submit your application, map, and payment will be a cause for the application to be incomplete. See the chart below to make sure you have your application in on time.

Date Filed: 8-11-2020

Doug Amy A Clarke

Signed by Property Owner(s)

Signed by Appellant(s) or Agent

Application Fee: $ 160 Date Received/Paid: _____

This form adopted by East Haddam Zoning Board of Appeals by resolution dated 12/28/06. _____

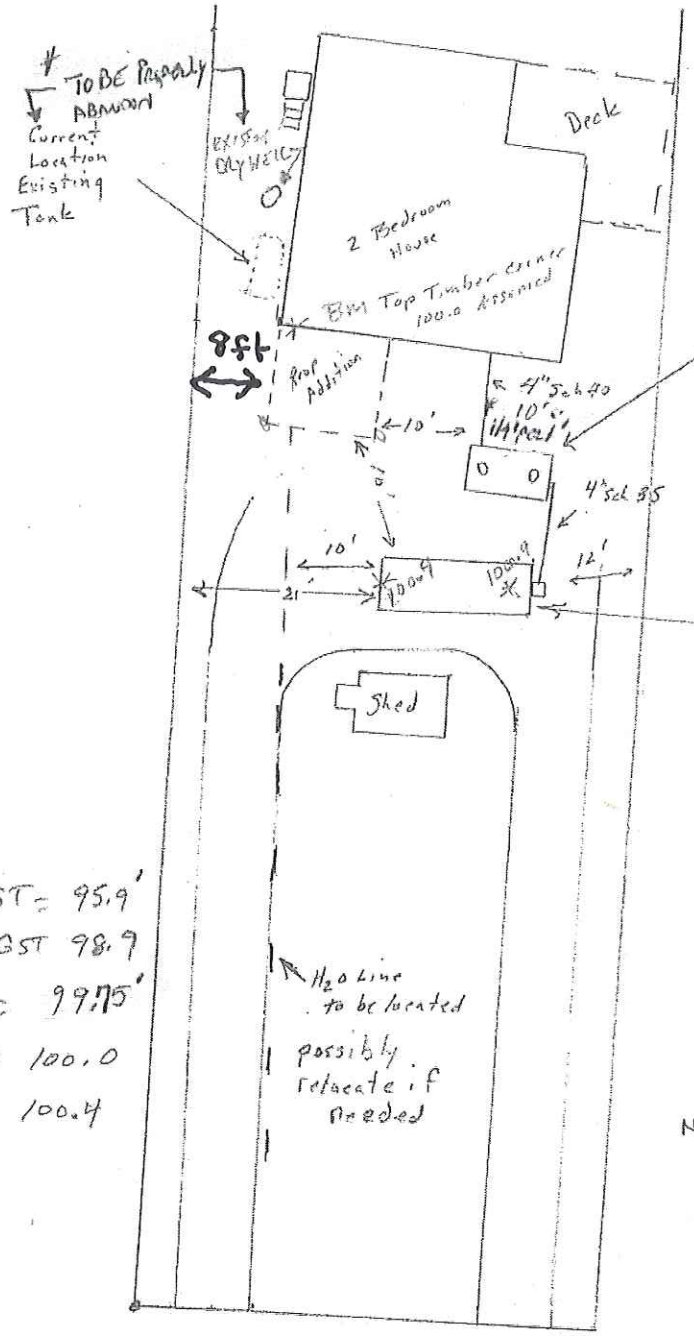
Lic # 002767 11/9/19

WENTWORTH SEPTIC SERVICE LLC

528 EXETER ROAD • LEBANON, CT 06249
860-642-6692

32 Forest Way

* CHATHAM HEALTH DISTRICT
APPROVED
Date 11/19/19 By James S Kennedy IV



Proposed Location Septic Tank more Existing 1000 Gallon Plastic Tank. INFILTRATOR IM-1060

* TANK WILL NOT BE UNDER THE DRIVEWAY

16' GST 6256 @ 26.2 SF/LF = 419.2 SF ELA

* H-20 LOADING DESIGN REQUIRED FOR UNDER DRIVEWAY

EL Bottom GST = 95.9'
FL Dist Pipe GST 98.9
FL out tank = 99.75'
FL In tank = 100.0
FF House = 100.4

Notes: 3.5 min/in Perc 24" above matt.
84" to Water
No Miss
No exceptions
No Variances
2 Bedrooms
375 SF required 419.2 Provided
No Wells
Public water
10' from Water Service

* 15" Cover min over GST H20 Rated

Clarke
32 Forest Way
E Haddam, CT

1" = 20'

