

**ZONING BOARD OF APPEALS VARIANCE/APPEAL/OTHER APPLICATION**

For Internal Use Only:

MEETING DATE: \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

CONTINUED DATE: \_\_\_\_\_

Date Granted/Denied: \_\_\_\_\_

APPLICATION FEE PAID: \_\_\_\_\_

\*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.

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**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: \_\_\_\_\_

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

\_\_\_\_\_ Other \_\_\_\_\_

**2. This section needs to be filled out completely:**

Owner/Applicant Name JAMES DICKLOW Phone# 860-620-3000

Owner/Applicant Email jdicklow@gmail.com

Owner \_\_\_\_\_ Mailing Address 2 VALLEY BROOK RD.

Appellant(s) \_\_\_\_\_ Address \_\_\_\_\_

Lessee \_\_\_\_\_ Address \_\_\_\_\_

Agent \_\_\_\_\_ Address \_\_\_\_\_

**LOCATION OF AFFECTED PREMISES:** 2 VALLEY BROOK RD.

Assessor's Map No. \_\_\_\_\_ Lot No. \_\_\_\_\_ Deed Reference: Volume \_\_\_\_\_ Page \_\_\_\_\_

Location on the \_\_\_\_\_ side of \_\_\_\_\_ Street/Road/etc

\_\_\_\_\_ feet distance from the intersection of \_\_\_\_\_

Section of Town: \_\_\_\_\_ Zone: \_\_\_\_\_

3. If no previous appeals have been made to this property, please mark N/A here: N/A  
But if a PREVIOUS APPEAL(S) has been made with respect to this property, please supply  
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): 3ft from side setback

on CEDAR MEADOW Rd. SIDE

17 ft from the property line where 20ft is required

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): N/A

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): N/A

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 an UNDUE HARDSHIP because:

No other LOCATION ON property exists as level for structure.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the

neighborhood because: of the terrain is unable to be filled in.

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

The structure is next to existing home(mine). It would maintain  
over 30 ft from initial center of road.

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

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10. You must mail a letter to all adjoining Property owners within 100 feet of your property lines, including across the street, by Certificate of Mailing 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 "Certificate of Mailing" return receipts/proof of mailing at the Public Hearing 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\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

Map\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

Map\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

Map\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

Map\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

Map\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

Map\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

Map\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

Map\_\_\_\_\_ Lot\_\_\_\_\_ Name\_\_\_\_\_ Address\_\_\_\_\_

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

...as well as the distance from the property lines. The Board, at its discretion, may require an A-2 survey on any application.

**13. Submit this completed application with Site Plan drawn to A-2 standard (but not required to be surveyor or engineer certified) and Application/Appeal fee of \$160.00 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:** \_\_\_\_\_

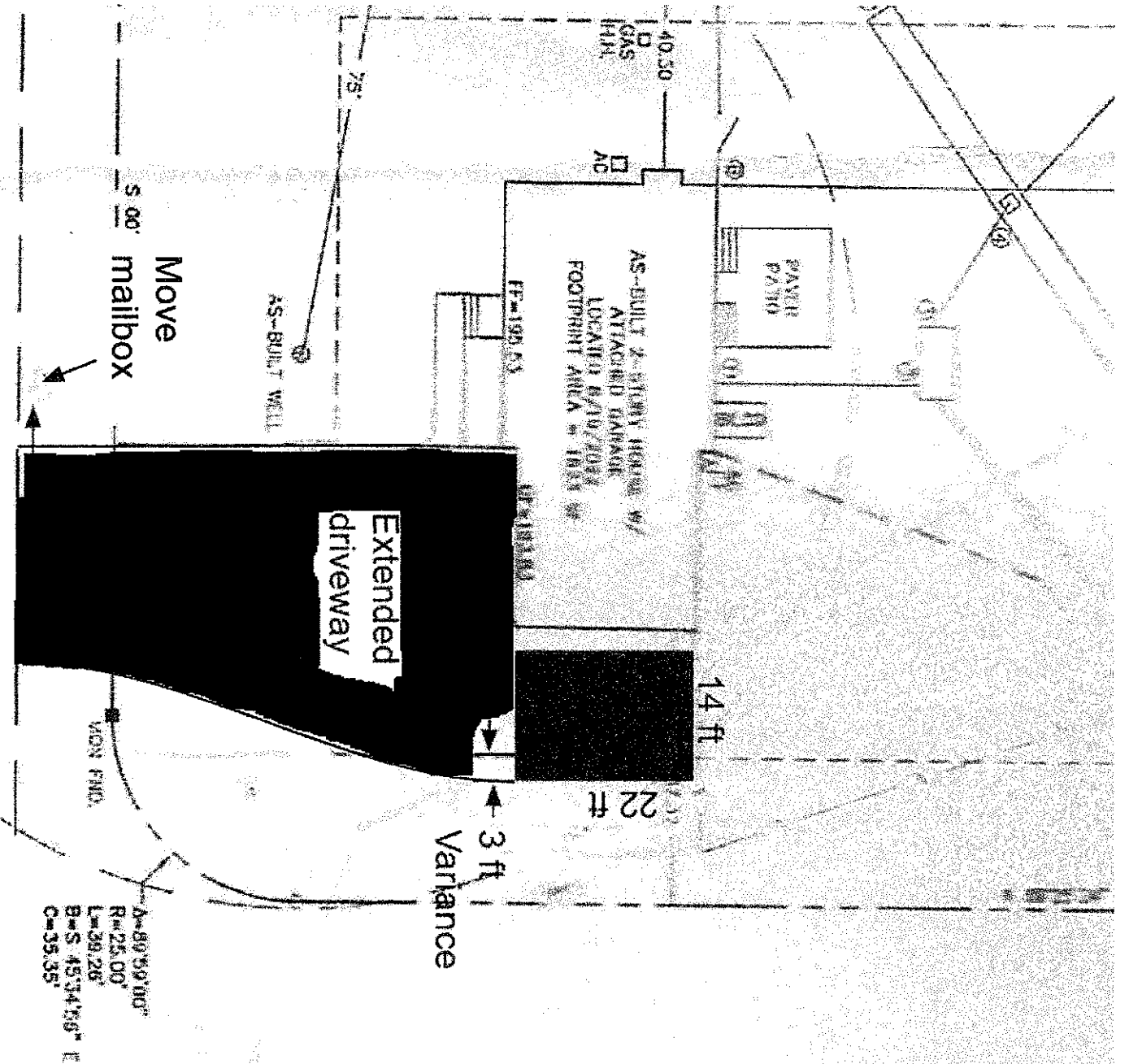
  
\_\_\_\_\_  
**Signed by Property Owner(s)**

\_\_\_\_\_  
**Signed by Appellant(s) or Agent**

*If help is needed in any part for the completion of this application, please call the Land Use Office at 860-873-5031. Email - [landuse@easthaddam.org](mailto:landuse@easthaddam.org)*

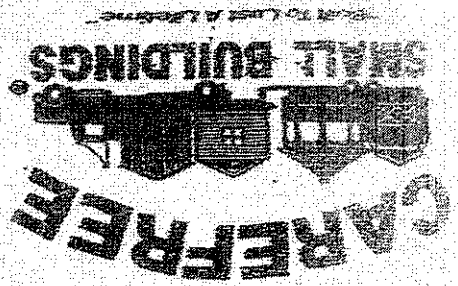
*This form was adopted by East Haddam Zoning Board of Appeals by resolution dated 12/28/06.*

CEDAR MEADOW ROAD

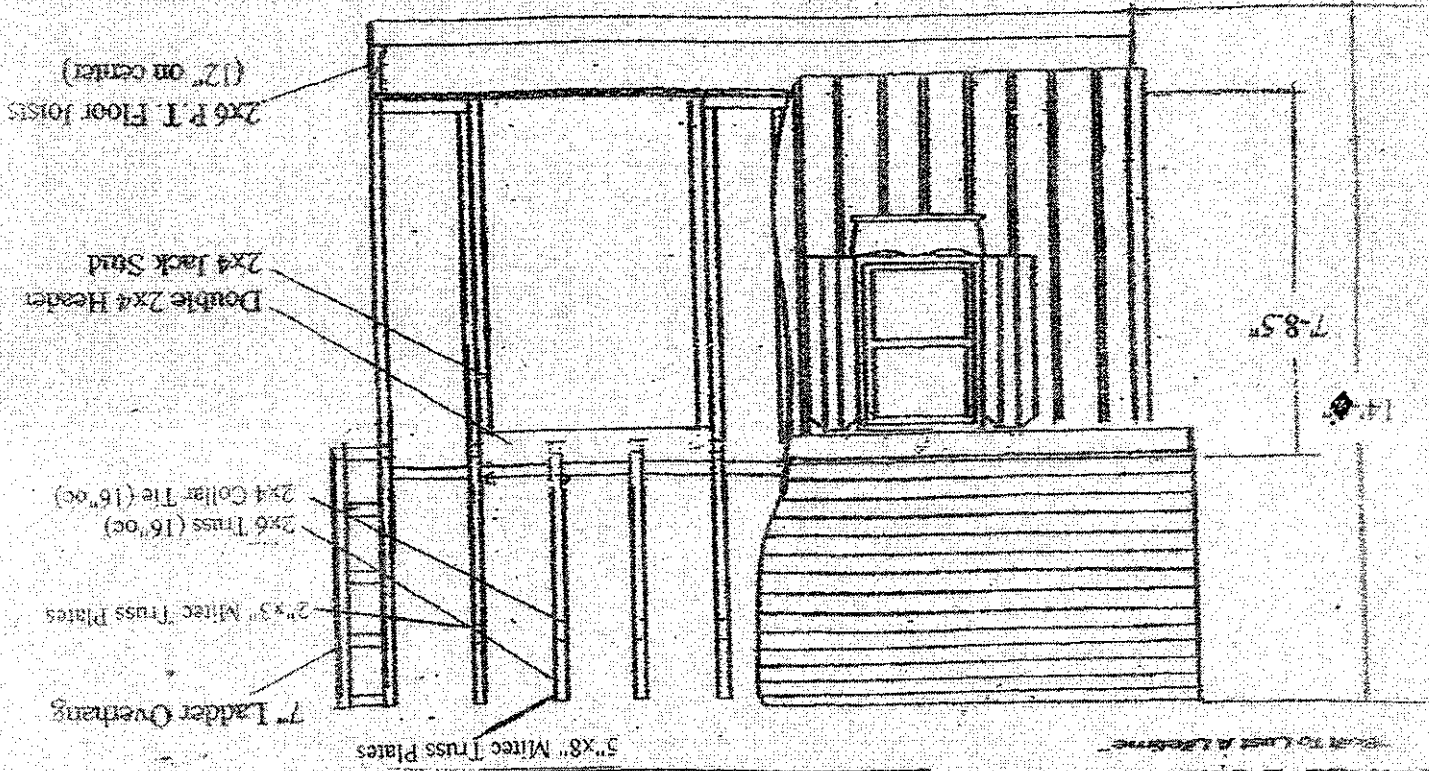


ALLEY BROOK ROAD

Typical 14' Wide  
CAREFREE COTTAGE  
Storage Master Series



SIDEWALL ELEVATION



END WALL ELEVATION

