TOWN OF EAST HADDAM
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:** 10.1

_____ **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 JEFFREY P. NAPLES **Phone#** 860-883-8772

Owner/Applicant Email d.naples@comcast.net

Owner Greg + Mary LATTARULO **Mailing Address** 59 High ST. South Windsor CT. 06074

Appellant(s) ____________ Address ____________

Lessee ____________ Address ____________

Agent ____________ Address ____________

LOCATION OF AFFECTED PREMISES: ____________

Assessor's Map No. 66 Lot No. 180 Deed Reference: Volume _Page ________

Location on the South side of Blue Heron Street/Road/etc

______feet distance from the intersection of ____________.

Section of Town: Moodus Zone: L

3. If no previous appeals have been made to this property, please mark *N/A* here: _____
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): Requesting a side yard variance 8ft from the property line where 25 feet is required.

5. This application relates to:

_____area; _____number of family units; _____signs; _____street frontage; _____yard dimension; ✓
or other (please explain): See above

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: Property is on the Lake and septic is on the other side.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: Hardship is unique to Lakefront properties.

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because: Many other structures are built in the side yard.

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

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.

See Attached

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

PLAN as well as the distances from <u>all</u> 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: 5/27/2025

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

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