

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.

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 Perre Hill Phone# 860-922-1677

Owner/Applicant Email Phill@MacIlc.net

Owner _____ Mailing Address 128 Lake Shore Dr Colchester CT

Appellant(s) _____ Address _____

Lessee _____ Address _____

Agent _____ Address _____

LOCATION OF AFFECTED PREMISES: _____

Assessor's Map No. 80 Lot No. 303 Deed Reference: Volume _____ Page _____

Location on the _____ side of _____ Street/Road/etc

_____ feet distance from the intersection of _____

Section of Town: _____ 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): _____

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?
Yes, which town(s) (if not, write N/A): N/A

With respect to any VARIANCE of the Zoning Regulations, which is requested, please
check the (a), (b) and (c) below:
Application of the regulations would produce an UNDUE HARDSHIP because:
would be unable to have a storage shed to
store lawn mowers, garden equipment etc.

Undue hardship created is UNIQUE and not shared by all other properties alike in the
neighborhood because: OF the size of my lot and the
location of my septic drain field

Application would not change the CHARACTER OF THE NEIGHBORHOOD because:
would be just a one story shed that
fits the existing house. It will be off
the road and will not impede anyone's view of
the house.
The location will be in our current driveway

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.

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 _____

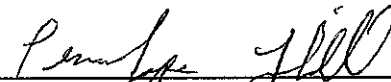
12. A PLOT PLAN is required to show the property lines, building lines, location of septic system, well and other structures on property along with your proposed addition, garage, shed, i.e. or whatever else your variance is needed for must also be indicated on the PLOT

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: 9/14/2015



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.