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

For Internal Use Only:

MEETING DATE: 5/5/26 **APPLICATION NO.** 26-02

CONTINUED DATE: ________ **Date Granted/Denied:** ________

APPLICATION FEE PAID: $160.00

*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 Land Use Office staff will review your application and contact you if your application is missing pertinent information.

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

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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: Section 10.3.1

________ ***OR***

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

________ ***OR***

_____ Other: ________

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

Property Location 245 E.H. Colchester Tpk. East Haddam 06423

Assessor's Map No. 66 **Lot No.** 26 **Deed Reference: Volume** ______ **Page** ______

Location on the ________ **side of** ________ **Street/Road/etc**

______ **feet distance from the intersection of** ________.

Section of Town: ________ **Zone:** _____

Owner/Applicant Name Jane R. Moran **Phone#** 860·383·3150 or 860·383·3148

Owner/Applicant Email moran-david@usa.net

Owner _____ **Mailing Address** _____

Appellant(s) _____ Address _____

Lessee _____ Address _____

Agent _____ Address _____

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

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 an extension of the house to be 14ft. from the property line when 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:

We are looking to fill in a space that is part of the structure which was built prior to zoning. The project will not go closer to the property line.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: Not true - many of the house lots where built prior to zoning.

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because: Changes to the structure/style of the house will be minimal.

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

10. 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.

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

(a) <u>LIST</u> the abutting property owners that you are required to notify in #12 of this application.

(b) <u>YOU MUST PRESENT</u> the "Certificate of Mailing" return receipts 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.

1. 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 Campanelli Address 244 E.M. Colch. Tpk.

Map____ Lot____ Name Becker Address 247 E.M. Colch. Tpk.

Map____ Lot____ Name Morgenweck-Schwartz Address 242 E.M. Colch. Tpk.

Map____ Lot____ Name Samsel/Liguore Address 241 E.M. Colch. Tpk.

Map____ Lot____ Name Glidden Address 40 Stocking Lot Rd.

Map____ Lot____ Name Dimartino Address 251 E.M. Colchester Tpk.

Map____ Lot____ Name Prause Address 43 Stocking Lot Rd.

Map____ Lot____ Name _____ Address _____

Map____ Lot____ Name _____ Address _____

13. Submit this completed application with Site Plan (but not always required to be an A-2 surveyor) **and Application/Appeal fee of $160.00** to the Zoning Board of Appeals mailbox located in the Land Use Office at least 24 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.

Date Filed: 4/20/2026

Jane R. Moran

Signed by Property Owner(s)

_____

Signed by Appellant(s) or Agent