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

For Internal Use Only:
MEETING DATE: 5/5/26 **APPLICATION NO.** 26-03
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

* *

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

____ ***OR***

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

____ ***OR***

_____ Other: ____

____

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

Property Location 10 Scoville Landing

Assessor's Map No. 46 **Lot No.** 13 **Deed Reference: Volume** ______ **Page** ______

Location on the North **side of** Scoville Landing **Street/Road/etc**

700 **feet distance from the intersection of** Scoville Landing and EH Moodus Rd

Section of Town: Moodus **Zone:** R-1

Owner/Applicant Name David + Roberta Dewyk **Phone#** 860-873-1133

Owner/Applicant Email DmDewyA1@comcast.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: _____

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): Request to place a pool 19' ft from the property line where 25' 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: Due to slope, septic + well locations, no other site is available.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: Two Thirds of the property is a Step Slope.

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because: Pool is located in the side yard next to a driveway to an interior lot.

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

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 all 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 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 #12 of this application.

(b) YOU MUST PRESENT 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 _____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_____

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: _____

_____
Signed by Property Owner(s)

_____
Signed by Appellant(s) or Agent

Notification to Property Owners
Pursuant to Ordinance 42.1 – Town of East Haddam
Land Use Office – 860-873-5031
East Haddam Zoning Board of Appeals

Date_____

Dear Property Owner:

The purpose of this notice is to advise you that a meeting will be held at 7:00 PM by the East Haddam Zoning Board of Appeals Commission on _____ in Meeting Room 2 in the Town Office Complex at 1 Plains Road, Moodus CT.

The Commission will hear the following:

An application [#_____, *if assigned at this time*] requesting approval for:

_____

_____

The proposed activity is located on:_____
(Street [and number, if desired at this time])

And is further identified as Assessor's Map _____, Lot _____, in the _____zone.

[Site Location Map Enclosed: Yes___/ No___ - N/A]

The name(s) and address(es) of the owner[s] is/are:

_____ [Owner]	_____ [Owner]
_____ [Street]	_____ [Street]
_____ [Town, State, Zip]	_____ [Town, State, Zip]

THE APPLICATION, PLANS, AND CORRESPONDENCES ARE POSTED ON THE TOWN'S WEB SITE FOR YOUR REVIEW. TO VIEW THE INFORMATION PLEASE CLICK ON THE DATE OF THE MEETING. ATTACHED WILL BE THE APPLICATION, SITE PLANS AND REPORTS ASSOCIATED WITH THE APPLICATION. PLEASE DIRECT ANY COMMENTS AND QUESTIONS TO THE LAND USE OFFICE BY EMAIL OR PHONE.
Email – jventres@easthaddam.org phone - 860-873-5031

THIS NOTICE WAS SENT TO YOU BY THE UNDERSIGNED APPLICANT(S):

_____ (Applicant's signature)	_____ (Applicant's signature)

Participants may view the meeting on YouTube Live at the following link:
https://www.youtube.com/channel/UCLZq-CmatoKY6FW829c6mBA?view_as=subscriber

You may also access the YouTube Live link from the Town's website: www.easthaddam.org