\$25.422 mm mm	TOWN OF OLD SAYBROOK				
	Zoning Board of Appeals	Appeal No.:	Hearing Da		•
	302 Main Street • Old Saybrook, Connecticut 06475	Application \$240.00	State DEP	\$ 60.00	\$300.00
	Telephone (860) 395-3131 • FAX (860) 395-1216				
	www.oldsaybrookct.com				
		Decision:		Date:	
	Application	on Form			
Appellant	Information (Owner of Record)	EMAIL:			
Appellant	's Name:	Tel.	No.:		
-	Address:				
Agent	's Name:	Tel.	No.:		
Mailing	Address:				
Property I	Location				
Street	Address:	Owned Since	(year):		
Neigh	borhood:	Assessor's	Map #:	Lot #:	
Does th	ne Appellant own any adjacent properties?	Assessor's l	Map #:	Lot #:	
lf yes, s	state when acquired:			_	
Zoning District: Starting Date:					
Property I	Information				
Please ide	entify the water source for the property.	Wate	er Supply: P	Public 🗌 V	Nell 🗌
Please ch	eck the box if the answer to the followi	ng questions are ye	s <i>.</i>		
Is the prop	perty located in a Coastal Management Zo	ne?			
If so, the application may require a Coastal Management Application that must be included with this application. (Section 59)					h
Are there Inland Wetlands, Watercourses (Section 51.4.4) or Tidal Wetlands (Section					
68.1.2B9) located on or within 100 feet of the property? If so, please identify the s.f. of					
wetlands on the lot/adjacent lot.					
Is the property located in a Gateway Conservation Zone (Section 58)?					
Is the property located in a FEMA Flood Zone? If so, please identify the Flood Zone below.					
Property is located in Flood Zone Please be advised that if the proposed project is located in a FEMA designated A or V zone, a					
Flood Review Permit and a Certificate of Flood Elevation may be required (Code of the Town					
of Old Saybrook, Chapter 128 Flood Plain Management)					'
Is the property located within 500 feet of a Contiguous Municipality (C.G.S. 8-7(d)(f)(1))?					
Is the property located within an Aquifer Protection District?					
Is the property located within a Historic District?					
Date of Approval of Certificate of Appropriateness					
Has the Connecticut River Area Health District Approved this Project?					
APPROVED B-100a form required and APPROVED FORM MUST be submitted as a part of this					
application or it will be considered an incomplete application.					

Project Information	
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Existing Use: Clearly identify in detail all existing uses on the property i.e. residential dwelling (year round or seasonal) with (detached/attached) garage, shed, pool, etc.						
	<u>osed Use:</u> Clearly identify all new and e plition proposed. Include area (in s.f.) as					
Inclu						
	Building/Structure coverage	From:	s.f.	% To:	s.f.	%
	Gross Floor Area	From:	s.f.	% To:	s.f.	%
Туре	of Application:					
Chec	k which type of application you are app	lving for and p	roceed as	directed.		
	Variance					
	An application for the Board to determine a	and vary the Zoi	ning Regula	ations, Subdivision R	Regulations (or
	the Town Flood Plain Management Ordina	ance of the Town	n of Old Sa	ybrook.		
_						
	Appeal of the Decision of the Zoning	•				
The Appellant requests the Board to hear and decide an appeal where it is alleged that there is an error in any order, requirement or decision made by the Zoning Enforcement Officer charged with enforcement						
	of the Zoning Regulations.		LIIIOICEIIIE	ant Onicer charged w	illi eniorcen	ient
	5 5					
	Certificate of Location for Automotiv	ve Use.				
	The Appellant requests the Board to hear		e appropria	ate for location of aut	omotive use) in
	accordance with the Connecticut General	Statutes.				

Variance Application	Variance	App	lication
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Please check appropriate variance type and complete questions

Zoning Regulations

The Appellant requests the Board to determine and vary:

Zoning Regulation	Type of Regulation	Regulation Requires	Variance(s) Requested:		
requested to be varied.					
(Example: Section 98.9)	(Example: setback)	(Example: 15 ft. required)	(Example: propose 5 ft from property line)		
Appellant must	attach copies of any varianc	e previously granted for the s	subject property.		
Flood Plain Manage	ement Ordinance / Flood	I Plain District Regulatio	ns		
The Appellant requests	s of the Board to determine a	and vary:			
Section(s) of Town Code Chapter 128: Variance(s) Requested:					
Reasons for Variance R	equests				
	•	will be considered incomp	lete.		
	••	, erty, how a variance of the			
		general purpose and inte			
		of this variance will conservules of the residents of Old			

Certain conditions especially affect this parcel that do not generally affect other properties in this Zoning District. Literal enforcement of the Regulations results in the following "exceptional difficulty" or "unusual hardship: 				
List all property owners within one hundred f	eet (100) of the subject prop	berty.		
Assessor's	Property Owner of Reco			
Map # Lot # Name	Street Address	Mailing Address		
	·			
Attach sheets as needed to list additional adjacent property owners within 100 feet.				
Affidavit of Accuracy and Agency				
I declare that, to the best of my knowledge and belief, all information contained in any document or drawing that is submitted, as part of this Application, is true and accurate as presented. I am aware that if this application is granted by the ZBA, it is my responsibility to obtain a Certificate of Zoning Compliance, Building Permit and all other applicable permits. I understand that all variances approved by this Board are conditioned to expire if a Building Permit is not obtained within one year of the approval date.				
Signed:	, Appellant / Agent	Date:		
I authorize the party named to act as my Agent in making the requests listed on this Application Form and obtaining, on my behalf, that granted by the Board.				
Signed:	•	Date:		