4.380 K.389	TOWN OF OLD SAYBROOK		Harris Data				
	Zoning Board of Appeals	Appeal No.:	Hearing Date:				
	302 Main Street • Old Saybrook, Connecticut 06475	Application \$240.00	State DEP \$ 60.00 \$300	.00			
3	Telephone (860) 395-3131 • FAX (860) 395-1216						
	www.oldsaybrookct.com						
		Decision:	Date:				
Application 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?	P 🗌 Assessor's I	Map #: Lot #:				
lf yes, s	state when acquired:						
Zoning	g District:	Starting	Date:				
Property I	Information						
Please ide	entify the water source for the property.	Wate	r Supply: Public 🗌 Well [				
Please ch	eck the box if the answer to the followi	ng questions are ye	S.				
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)							
Are there I	Are there Inland Wetlands, Watercourses (Section 51.4.4) or Tidal Wetlands (Section						
,	located on or within 100 feet of the proper	rty? If so, please iden	tify the s.f. of				
wetlands on the lot/adjacent lot.							
1 (1				_			
	perty located in a Gateway Conservation Z						
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							
Existing Use: Clearly identify in detail all existing uses on the property i.e. residential dwelling (year							
round or seasonal) with (detached/attached)	i garage, sried,	<i>pool, etc.</i>					
<u>Proposed Use:</u> Clearly identify all new and expansion of existing uses, new construction and demolition proposed. Include area (in s.f.) as noted below and as much detail as possible.							
Include:							
Building/Structure coverage	From:	s.f.	% То:	s.f.	%		
Gross Floor Area	From:	s.f.	% To:	s.f.	%		
Type of Application:							
Check which type of application you are app	lving for and p	roceed as	directed.				
	, , , , , , , , , , , , , , , , , , , ,						
<b>Variance</b> An application for the Board to determine and vary the Zoning Regulations, Subdivision Regulations or the Town Flood Plain Management Ordinance of the Town of Old Saybrook.							
Appeal of the Decision of the Zoning Enforcement Officer/Administration 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.							

## Variance Application

Please check appropriate variance type and complete questions

## **Zoning Regulations**

The Appellant requests the Board to determine and vary:

requested to be varied. (Example: Section 98.9) (Example: setback) (Example: 15 ft. required) (Example: from prope   Image: setback Image:	propose 5 ft erty line)
from prope	erty line)
Appellant must attach copies of any variance previously granted for the subject prope	erty.
Flood Plain Management Ordinance / Flood Plain District Regulations	
The Appellant requests of the Board to determine and vary:	
Section(s) of Town Code Chapter 128: Variance(s) Requested:	
Reasons for Variance Requests	
BOTH questions must be answered or application will be considered incomplete.	
Explain solely with respect to the subject property, how a variance of the Zoning Re	gulations /
Town Ordinance would be in harmony with the general purpose and intent of the	
Regulations/Ordinance and how the granting of this variance will conserve the publi safety, convenience, welfare and property values of the residents of Old Saybrook:	ic nealth,

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 hundre	a leet (100) of the subject pro	peny.					
Assessor's	Property Owner of Rec						
Map # Lot # Name	Street Address	Mailing Address					
		·					
Attach sheets as needed to list ac	ditional adjacent property	owners within 100 feet.					
Affidavit of Accuracy and Agency							
I declare that, to the best of my knowle	dge and belief. all informati	on contained in any document					
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:	, Owner	Date:					