TOWN OF ESSEX LAND USE APPLICATION PART ONE

PLEASE CHECK THE APPROPRIATE LINE(S) AND ATTACH THE APPROPRIATE APPLICATION(S):
SPECIAL EXCEPTION VARIANCE/ APPEAL
SITE PLAN REVIEW APPROVAL OF LOCATION
INLAND WETLANDS PERMIT REGULATION TEXT AMENDMENT
INLAND WETLANDS PERMIT ZONE CHANGE AGENT APPROVAL
COASTAL SITE PLAN REVIEW
WETLAND PERMIT TRANSFER MODIFICATION OF PRIOR APPROVAL
SUBDIVISION / RESUBDIVISION SPECIAL FLOOD HAZARD AREA PERMIT
PROJECT DESCRIPTION: Add Front Add rear sun room 17'4x 12'4 Convert kitchen bay/ to bath room. Requiring 11' side set back and coverage of 13,3%
ASSESSOR'S MAP 27 LOT 27 LOT SIZE 0,25ac DISTRICT VR APPLICANT John A Ravenna PHONE 914 659 0288
APPLICANT'S AGENT (if any) Across The Board 4C, Deret 1, Hubel PHONE 860 301 7942
ENGINEER.SURVEYOR/ARCHITECT Richard W. Grafes Liett 8/62 PHONE 860 767 0779
Note: 1) TO BE ACCEPTED BY THE LAND USE OFFICE. THIS APPLICATION MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH THE REQUIRED FEE(S) AND MAP(S) PREPARED IN ACCORDANCE WITH THE APPLICABLE REGULATIONS. 2) THE SUBMITTAL OF THIS APPLICATION CONSTITUTES THE PROPERTY OWNER'S PERMISSION FOR THE COMMISSION OR ITS STAFF TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTION. 3) I HERBY AGREE TO PAY ALL ADDITIONAL FEES AND/OR ADDRESS SUCH COSTS

DEEMED NECESSARY BY THE LAND USE OFFICE AS DESCRIBED IN PART THREE OF THIS

APPLICATION.

Town of Essex

Zoning Board of Appeals 29 West Avenue, Essex, CT 06426

Application Part Two

Date received by office	3/26/21	Application fee - \$40) + State fee - \$60 = \$100		
Variance Appeal of a Decision by ZI Certificate of Location	EO	Application	on#2 -16		
APPLICANT (please print ADDRESS Telephone	b) Derek L Huse 24 Middlesex Street	Ae Chester Town work	5 The Board LLC CT 06412 State Zip 860 301 7942 cell		
OWNER OF PROPERTY ADDRESS		avenna	A 16126		
Telephone	Street home	Town work	State Zip 914 659 0288 cell		
Deed Reference: Book Current use of the propert	336 Page 34	<u>t9</u> 1			
Is any portion of property within 500' of another Town?					
Is the property within the Gateway Conservation District? Yes					
If this application is for a variance(s) please complete the following section:					
Variance(s) requested of th	ne zoning regulations	50 D, (40 D, 40E, 60B		
State the hardship on whice constraints of the land only Only build The house	Due to the ex lable" area is	sed. The hardship MUS is ting non con not practica	formity of the lot the		

2/6	
Have previous applications been made for this property?	
Previous application #s and dates March 1998 - Kitchen nook May 1994 - rear dect gran	granted #98-1
May 1994 - rear deck gran If this application is to APPEAL an order of the Zoning Enforcement C	ted # 94-8
of the order and basis for the appeal. Attach a copy of the ZEO's order	
	•
	
If this application is for a Certificate of Location for Motor Vehicles Sa	les or Repair, please describe
proposed business.	* **
The following items must be included as part of this application:	
a. Fee of \$40, plus \$60 State Feepayable to the Town of Essex	
b. 15 copies of the application, site plan (with setback lines) and	
c. Copy of property deed	sketch of the proposal.
d. Copy of ZEO's order (if applicable)	
e. K-7 Certificate (if applicable) No public hearing required.	
$\Omega \sim 1.0$	" 1
Signature of applicant Well Whigh	Date: Mar. 24,2021
Signature of property owner oh Race	Date: Mar. 22,202) Date: 3/22/202/
	and the state of the state of the