

TOWN OF ESSEX
LAND USE APPLICATION
PART ONE

PLEASE CHECK THE APPROPRIATE LINE(S) AND ATTACH THE APPROPRIATE APPLICATION(S):

SPECIAL EXCEPTION	<input checked="" type="checkbox"/>	VARIANCE/ APPEAL	_____
SITE PLAN REVIEW	_____	APPROVAL OF LOCATION	_____
INLAND WETLANDS PERMIT	_____	REGULATION TEXT AMENDMENT	_____
INLAND WETLANDS PERMIT - AGENT APPROVAL	_____	ZONE CHANGE	_____
	_____	COASTAL SITE PLAN REVIEW	_____
SUBDIVISION OR RESUBDIVISION	_____	MODIFICATION OF PRIOR APPROVAL	_____
LOT LINE REVISION	_____	SPECIAL FLOOD HAZARD AREA PERMIT	_____

PROJECT DESCRIPTION:

MODIFIED DORMERS, CHIMNEY ADDITION,

PROJECT NAME: _____

STREET ADDRESS OF PROPERTY 159 RIVER ROAD ESSEX, CT 06426

ASSESSOR'S MAP 1 LOT 11 LOT SIZE _____ DISTRICT _____

APPLICANT NORMAN LIVINGSTON PHONE 917-224-2262

APPLICANT'S AGENT (if any) _____ PHONE _____

ENGINEER/SURVEYOR/ARCHITECT BRIAN STONER, PHONE _____

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.



TOWN OF ESSEX
Planning and
Zoning Commission

29 West Avenue
Essex, CT 06426
860-767-4340 x 115 Fax: 860-767-8509

Fees: \$135.00 + \$60.00 (DEEP)
Make check payable to the Town of Essex

www.essexct.gov

Application for Site Plan Review
PART TWO

Owner(s) of Property : NORMAN + SARAH LIVINGSTON

Address): 159 RIVER ROAD, ESSEX, CT 06426

Phone No.: 917-224-2262 Email: NORM@NORVIN.COM

The Commission is authorized to grant a site plan approval for the use and/or improvement herein proposed by the provisions of Section 101J of the Essex Zoning Regulations.

Accompanying this application form is:

- A) A complete and comprehensive statement describing the proposed changes in use and/or improvements for which the amendment is requested;
- B) A complete legal description of the premises involved, identifying boundaries by metes and bounds or by courses and distances;
- C) A list of names and addresses, with Tax Map and Tax Lot Numbers of owners of all land abutting, and directly across the street from the land to which this application relates and;
- D) A Site Development Plans prepared or approved by a registered professional engineer or surveyor showing all information required to determine the compliance with the Zoning Regulations including lot area, distances of improvements from lot lines, area coverage, and building height.

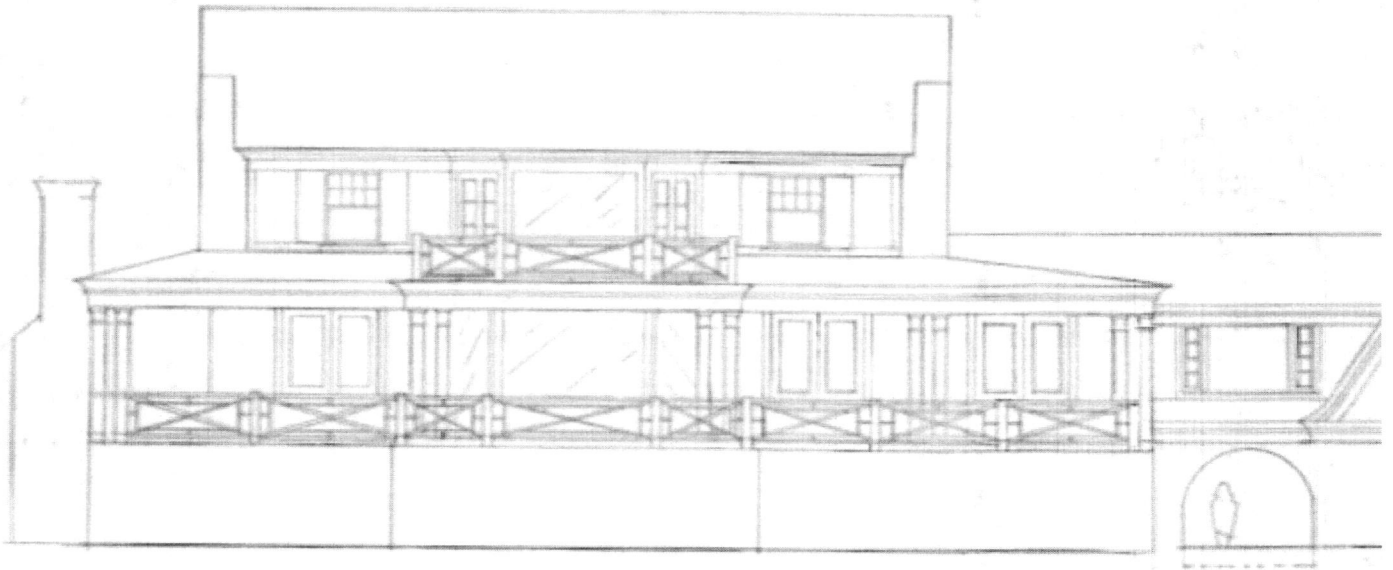
I/We, the undersigned, certify that all the information on this application, including all accompanying documents, is correct as of the date below, and conforms with Town's zoning regulations. I/ We certify that I/ We am/are the owner(s) of the premises described above, and are aware of and understand the above referenced zoning regulations.

FOR OFFICIAL USE ONLY:
Application No. <u>24-7</u>
Date received by ZEO: <u>3/25/24</u>

Signed: [Signature]
Property owner
Dated: 3/25/2024

Carey Duques

From: Brian Stoner <lloydstoner@comcast.net>
Sent: Monday, March 25, 2024 1:59 PM
To: Norman Livingston
Subject: Individual pics



159 River Road Existing House





Town of Essex
APPLICATION FOR ZONING PERMIT
(REV. 9/1/2021)

Please fill out to the best of your knowledge. Staff will complete anything left blank:

Application # _____ Date _____

Location of Premises 159 RIVER ROAD

Assessor's Map # 2 Lot No. 11 Zoning District RRR Lot size _____

Gateway Conservation District _____ Coastal Area Management area _____

Flood Plain area _____ Water Resource District _____ NDDB area _____

Property Owner(s) NORMAN + SARAH LIVINGSTON

Mailing Address 70 Katonahs Wood Rd Katonah, NY 10536 Telephone 917-224-2262

Email Address: NORM@NORVIN.COM

Applicant NORMAN LIVINGSTON

Mailing Address 70 Katonahs Wood Rd. Katonah, NY 10536 Telephone 917-224-2262

Email Address: NORM@NORVIN.COM

**Complete description of proposed use or project (include dimensions, if applicable): _____

Proposed interior renovations including minor exterior modifications - see attached s.t. plan

Existing Building Coverage _____ % Proposed Building Coverage _____ %

Existing Property Use Residential

Are wetlands and/or watercourses present anywhere on the property? YES

ZBA Approval Date _____ Wetlands Permit Approval Date _____

Special Exception Approval Date _____ CAM Approval Date _____

By signing this application, the applicant(s) and/or owner(s) agree that the Zoning Official and the Planning and Zoning Commission, or their agent(s), are authorized to enter upon the property for which this permit applies for the purpose of inspection and enforcement and administration of the Zoning Regulations for the Town of Essex. This permit is issued based upon the plot plan and all supporting documents submitted. Falsification by misrepresentation or omission or failure to comply with the conditions of this permit shall constitute a violation of the Essex Zoning Regulations and shall render this permit void.

This permit is void if: Work activity being performed is not in accordance with this permit.

Signature of Applicant [Signature] Date 3/25/24

Signature of Owner [Signature] Date 3/25/2024

A site plan is attached clearly showing:

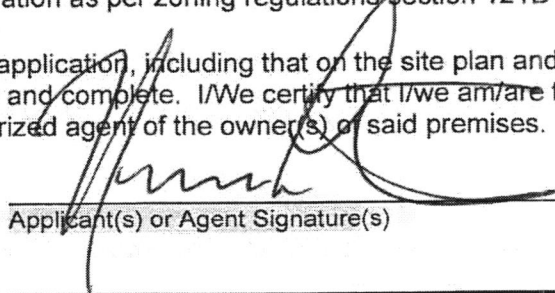
- a) The location and exact dimensions of all boundaries of the lot;
- b) The location of wetlands and/or watercourses (including but not limited to, streams, ponds or lakes) on, or near the property;
- c) The location and exact dimensions of all existing and proposed structures and other improvements including the location and layout of the septic system and the source of water supply;
- d) The exact distance of proposed structures and improvements from lot lines;
- e) Name and location of each street abutting the lot, and/or the location and width of any other way affording access to the lot from a street;
- f) A floor plan if application is for a commercial change of use

The following must also be furnished as part of the application:

- g) A list of the names and mailing addresses, with Tax Map and Tax Lot Numbers, of owners of all land adjacent to the land to which this application relates; and
- h) **Fees: Permit \$21.00 and DEEP \$60.00.** Make one check made payable to the Town of Essex.
- i) **Required Bonds if applicable:**
 - Single Family Dwelling - **\$2,000.00**
 - Additions 800+ sq ft - **\$1,000.00**
 - Commercial operation as per zoning regulations section 121D

I / We certify that all the information on this application, including that on the site plan and any attachments, is correct as of the date below and complete. I/We certify that I/we am/are the owner(s) of the premises described above, or the authorized agent of the owner(s) of said premises.

3/25/2024
Dated:


Applicant(s) or Agent Signature(s)

FOR OFFICIAL USE ONLY:

Health Department Approval Date _____
 Date received by ZEA _____ Fees: Town **\$21** DEEP - \$60 _____
 Signature of Zoning Enforcement Agent _____ Approval Date _____

Denied (date) _____ Sec. _____

Permit Conditions/Reasons:
