

RECEIVED
NOV 30 2021

TOWN OF ESSEX
LAND USE APPLICATION
PART ONE

BY:

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

SPECIAL EXCEPTION	___	VARIANCE/ APPEAL	X
SITE PLAN REVIEW	___	APPROVAL OF LOCATION	___
INLAND WETLANDS PERMIT	___	REGULATION TEXT AMENDMENT	___
INLAND WETLANDS PERMIT - AGENT APPROVAL	___	ZONE CHANGE	___
	___	COASTAL SITE PLAN REVIEW	___
WETLAND PERMIT TRANSFER	___	MODIFICATION OF PRIOR APPROVAL	X
SUBDIVISION / RESUBDIVISION	___	SPECIAL FLOOD HAZARD AREA PERMIT	___

PROJECT DESCRIPTION:

Changing public spa, Wellness Center and
apartments to private suites for Wellness
Center Clients

STREET ADDRESS OF PROPERTY 63 South Main Street

ASSESSOR'S MAP 46 LOT 33 LOT SIZE 2.79 DISTRICT RU

APPLICANT Essex House, LLC. PHONE 323-697-7278

APPLICANT'S AGENT (if any) Terrance D. Lomme, Esq.
PHONE 860-767-2300

ENGINEER/SURVEYOR/ARCHITECT _____ 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.

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

RECEIVED Application
Part Two
NOV 30 2021



Date received by office _____ Application fee - \$40 + State fee - \$60 = \$100

BY: _____

Variance Modification X
Appeal of a Decision by ZEO _____
Certificate of Location _____

Application # 21-46

APPLICANT (please print) Essex House LLC
ADDRESS 63 South Main Street, Essex, CT 06426
Street Town State Zip
Telephone _____
home work cell 323-697-7278

OWNER OF PROPERTY SAME
ADDRESS _____
Street Town State Zip
Telephone _____
home work cell

Deed Reference: Book 343 Page 1032

Current use of the property Public spa, Wellness Center + Apartments

Is any portion of property within 500' of another Town? No

Is the property within the Gateway Conservation District? No

If this application is for a variance(s) please complete the following section:

Variance(s) requested of the zoning regulations

Request a modification of variances granted on December 4, 2001 and February 4, 2005 to allow no more than 8 overnight clients

State the hardship on which the variance(s) are based. The hardship MUST be based on physical constraints of the land only.

The reduction of traffic by not being open to the public, and the removal of the non-conforming apartment/garage building makes the property more conforming.

Have previous applications been made for this property? Yes

Previous application #s and dates December 4, 2001, February 4, 2005 + November 1, 2005

If this application is to APPEAL an order of the Zoning Enforcement Official, please describe the nature of the order and basis for the appeal. Attach a copy of the ZEO's order.

N/A

If this application is for a Certificate of Location for Motor Vehicles Sales or Repair, please describe proposed business.

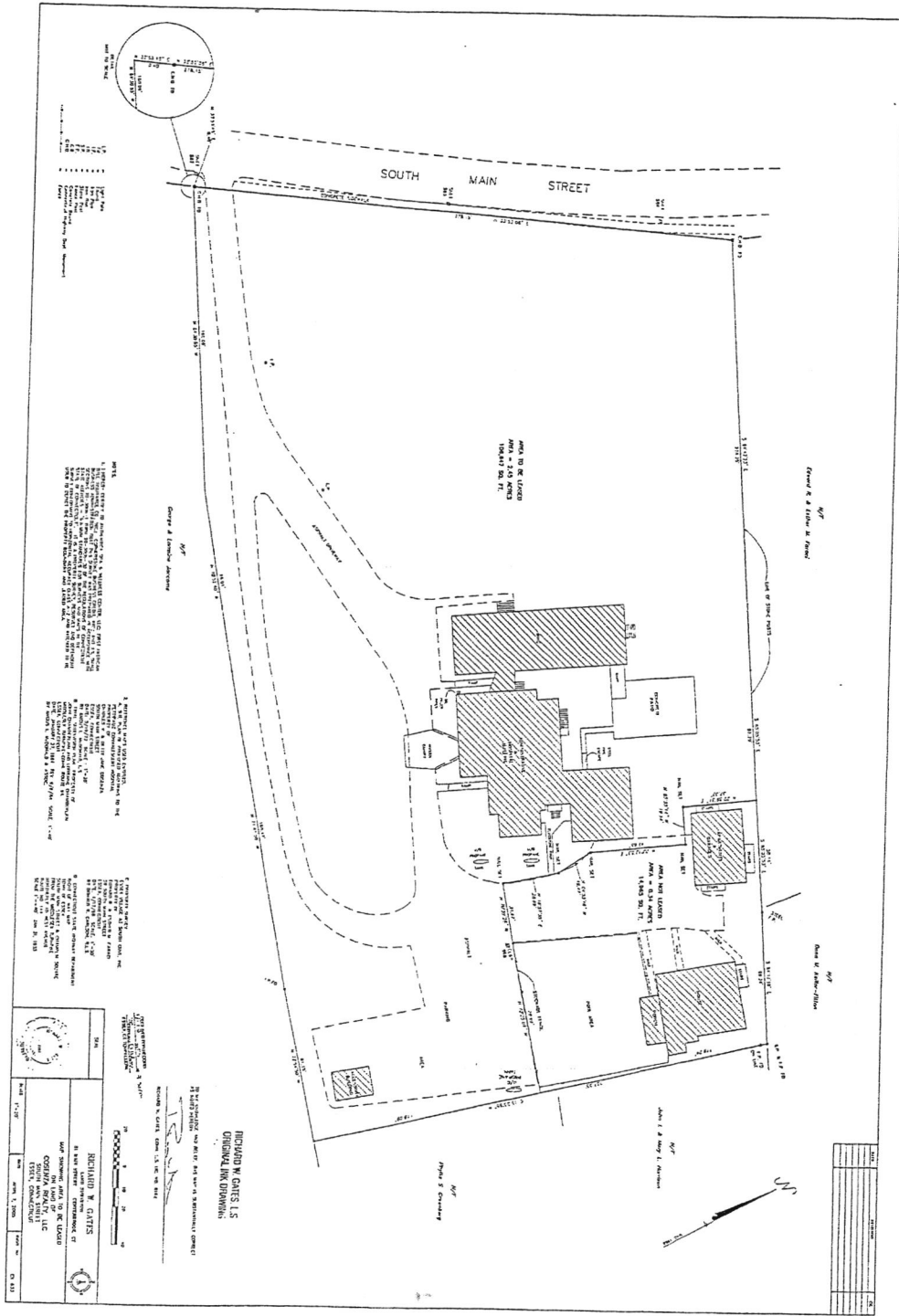
N/A

The following items must be included as part of this application:

- a. Fee of \$40, plus \$60 State Fee...payable to the Town of Essex
- b. 15 copies of the application, site plan (with setback lines) and sketch of the proposal.
- c. Copy of property deed
- d. Copy of ZEO's order (if applicable)
- e. K-7 Certificate (if applicable) No public hearing required.

Signature of applicant _____ Date: _____

Signature of property owner _____ Date: _____



DRAWING NUMBER

DRAWING NUMBER
 562

DRAWING NUMBER

DRAWING NUMBER