

✓ #105

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

Variance Application

Date received by office 7/12/22 Application fee - \$50 + State fee - \$60 = \$110 Pd.

Application # 22-06 Hearing Date 8/16/22

Premises: Street Address 50 CROSSTREES HILL RD

Assessor's Map # 70 Lot # 8 Lot Area 1.49 ac

Zoning District RU Deed Reference: Book 329 Page 290

Owner of Property PATRICK & SUSANNA SMITH

Address 50 CROSSTREES HILL RD, ESSEX, CT 06426
Street Town State Zip

Telephone 203 464 4198 203 464 4202 Email: susanna.smith@snet.net
home work

Applicant (if not owner) _____

Address _____
Street Town State Zip

Telephone _____ Email: _____
home work

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) SUBMITTAL OF THIS APPLICATION CONSTITUTES THE PROPERTY OWNER'S PERMISSION FOR THE BOARD OR ITS STAFF TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTION.
3) SUBMITTAL OF THIS APPLICATION CONSTITUTES THE PROPERTY OWNER'S AGREEMENT 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.

Signature (Authorized Agent) Susan Smith Date 7/12/2022

Current use of the property Residential Business Farm Other _____

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

Is the property within the Gateway Conservation District? Yes No

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

1. Variance(s) requested of the Essex Zoning Regulations
Check those that apply and write in sections that variances are requested

Section No.	Allowed/Required per the regulations	Existing	Requested
<input type="checkbox"/> 40C	No buildings within the setbacks		
<input checked="" type="checkbox"/> 40D	No improvements except in conformity		
<input checked="" type="checkbox"/> 40E	No change in the use of any land or improvement, in the location of any improvement, or in the size of shape of any lot or improvement except in conformity with the zoning regs.		

GATEWAY GREENWAY - NO STRUCTURES WITHIN 100' OF CTL.

(Please attach supplemental sheets if space provided is insufficient)

Yes No
1a). Is a variance requested of Section 101E Gateway Buffer Area? If yes, the application shall be reviewed by the Essex Inland Wetlands and Watercourses Commission (per Section 140L) and a letter of referral shall be provided by the EIWWC prior to attending the ZBA meeting.

2. Variance is requested to allow (Please describe proposed use, dimensions, height and location of any new construction PLUS any changes to use, size, shape, bulk, footprint, floor area or height of existing structure)

CONSTRUCT A KIT GREENHOUSE 10'x15' ON
A CONCRETE PAD IN ROUGHLY THE SAME 3/10' WHERE 12'x20'
CHICKEN COOP WAS REMOVED. CONSTRUCT A 16'x12' PERGOLA.
(SEE PLANS)

(Please attach supplemental sheets if space provided is insufficient)

3. Strict application of Essex Zoning Regulations would result in an unusual hardship because of the following characteristics of the property (Support topological hardship claims with photographs, survey, etc.)

a. STEEP TOPOGRAPHY MAKES CONSTRUCTION BEYOND
100' CSL OR STEEP LEDGE OUTCROPPINGS.

b.

c.

4. The above hardship is unique to this parcel and not shared by other in the area because:

a. OTHER PROPERTIES DO NOT HAVE STEEP OUTCROPPINGS
OR LEDGE AT OR NEAR 100' CSL SETBACK

b. There had been a chicken coop in the space
needed to remove for septic system.

c.

5. Described proposed reductions in legal pre-existing nonconformities, if any

a.

b.

c.

The requested variance(s) are in harmony with the purpose and intent of Essex Zoning Regulations because:

- a. _____
- _____
- b. _____
- _____
- c. _____
- _____

Have previous applications been made for this property? Yes No

If yes, previous application #s _____ Date _____

Prior variance request: STONE RETAINING WALLS Variance Board Action APPROVAL
w/IN 100' CSL SETBACK.

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

- a. Fee of \$110.00 – Town Fee \$50 plus \$60 State Fee...payable to the Town of Essex
- _____ b. 10 copies of the application, site plan (with setback lines) and sketch of the proposal.
- _____ c. Copy of property deed
- _____ d. Referral from Health Department
- _____ e. Referral from Essex IWWC (if applicable)
- _____ f. Referral from adjacent towns
- _____ g. Referral from Gateway Conservation Commission

Owner/Applicant Commitments

I (we) certify that the statements hereinabove made and the documents submitted herewith are true to the best of my (our) knowledge and belief.

I (we) consent to allow Zoning Board of Appeals members access to the property for informal, independent site visits, for the purpose of evaluating this application prior to the Board rendering its decision.

Signature of applicant Susana Sout Date: 7/12/2022

Signature of property owner Susana Smith / Patrick Sout Date: 7/12/2022

Applicant must provide a current list of all names and addresses of abutting property owners.

NAME	ADDRESS	TOWN	ZIP CODE
PHILLIP KRALL	103 SAYBROOK RD	ESSEX	06426
PAUL & CAOLYN BERGANTINO	96 CROSTREES HILL RD	ESSEX	06426
DANIEL PEDRA	11 CROSTREES HILL RD	ESSEX	06426



