

## **Town of Essex** Zoning Board of Appeals 29 West Avenue, Essex, CT 06426 BY:

29 West Avenue, Essex, CT 06426
<u>Variance Application</u>
Date received by office $\frac{9/27/23}{23}$ Application fee - \$50 + State fee - \$60 = \$110, Pd.
Application #
Premises: Street Address
Assessor's Map # 17 Lot # 22 Lot Area 20, 109 ac 97 ft
Zoning District VR Deed Reference: Book Page
Owner of Property Audrey Weber
Address 15 Maple Use ESSEX CT 06426. Street Town State Zip '
TelephoneEmail:
Applicant (if not owner) Fred & Andrey Weber
Address 15 Maple are Essex CT 06426 Street Town State Zip
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 BOARDOR 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) 1 Urey Weber Date 9-22-23

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Current use	of the property Residential .	Business Farm	Other	
Is any portion of property within 500' of another Town? Yes				
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 N	o. Allowed/Required per the regulations	Existing	Requested	
□ 40C	No buildings within the setbacks	×		
# 40D	No improvements except in conformit	У		
₩ 40E	No change in the use of any land or			
. /	improvement, in the location of any			
	improvement, or in the size of shape of	f		
	any lot or improvement except in			
	conformity with the zoning regs.			
x 60		7.1%	10.8%	
	Setbacks			
	Height			
Yes 1a). Is review	No s a variance requested of Section 101E Gatewood by the Essex Inland Wetlands and Wate of referral shall be provided by the EIWWC is requested to allow (Please describe propo	way Buffer Area? If yes, the recourses Commission (per E prior to attending the ZB	Section 140L) and a A meeting.	
new construction PLUS any changes to use, size, shape, bulk, footprint, floor area or height of existing structure)  Add ton - Handican accessible				
fire	st floor bathroom	9 Betroom		
(Please attack	h supplemental sheets if space provided is insuj	ficient)		
1- remove direct	Transfer of the provided to mong	,		

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Last updated 11/15/22

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.)
<u>a.</u>	Mardship NON COmpliant Size Lot
_	SIZE.
<u>b.</u>	Existing home has only I full bath & 2 bedrooms both on second floor!
_	
c.	Owners are elderly & REquire first
_	floor bed bathroom! Handicap
	accessible!
4.	The above hardship is unique to this parcel and not shared by other in the area because:
<u>a.</u>	Hardship is the SizE. We are
<u> </u>	starting with 20,09 so.ft. We need 60,00
b.	
c.	
-	
	Described proposed reductions in legal pre-existing nonconformities, if any
a.	Removing 98's gfeet existing side porch
_	Removing 98's affect existing side porch to reduce the request for coverage!
b	
<u>J.</u>	
_	
c.	

The requested variance(s) are in harmony with the purpose and intent of Essex Zoning
Regulations because: a. We are not changing the use of
HOME
b. Conforming in design of home?  SET backs and height.
SET backs and height.
c.
Have previous applications been made for this property? Yes No  If yes, previous application #s 16-4 Date 3-25-16  Prior variance request: SET Back encroach went Variance Board Action Approve
The following items must be included as part of this application:  a. Fee of \$110.00 - Town Fee \$50 plus \$60 State Feepayable 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 Mudrey Theber Date: 9-22-23
Signature of property owner where Ruevez Date: 9-22-23

## Applicant must provide a current list of all names and addresses of abutting property owners. NAME **ADDRESS** TOWN ZIP CODE Susan + Peter Scott Maple are ESSEX, CT 06426 Lee + Fred Weber 20 Maple are ESSEX, CT 06426 Ken thompson 13 Maple are ESSEX, CT 06426







