		Town of Essex ng Board of App Vest Avenue, Essex, CT 06	
		Variance Application	140
Date received by office _	3/22/2024	Application f	ee - \$50 + State fee - \$60 = \$110 Pd.
Application # 24 -	-8	Hearing D	Date April 16, 2024
Premises: Street Address	9 South	COVE LANE ESSEX	, CT. 06426
Assessor's Map #	4	Lot #	Lot Area 0.38 ac
Zoning District R	U.	Deed Reference:	Book <u>321</u> Page <u>84</u>
Owner of Property	oniquet	John NELSEN	
Address <u>9 South Cou</u> Street	Town	<u>Ex CT Oby</u> State Zip	26
		En	nail: <u>MONIQUENELSEN 4000 gm</u> ail.
Address			
Street	Town	State	Zip
Telephone home	work	Er	nail:
SIGNED, AND SUBMITT WITH THE APPLICABLI 2) SUBMITTAL (FOR THE BOARDOR ITS 3) SUBMITTAL (TO PAY ALL ADDITION	TED WITH THE 1 E REGULATION OF THIS APPLIC S STAFF TO ENT OF THIS APPLIC JAL FEES AND/0	REQUIRED FEE(S) AND MA IS. CATION CONSTITUTES THE FER THE PROPERTY FOR T CATION CONSTITUTES THE	PLICATION MUST BE COMPLETED, P(S) PREPARED IN ACCORDANCE PROPERTY OWNER'S PERMISSION HE PURPOSE OF INSPECTION. PROPERTY OWNER'S AGREEMENT DEEMED NECESSARY BY THE LAND ON.
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Signature (Authorized Agent) John a helsen Date 3/22/24

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Cu	rre	nt use of the pr	operty 🛛 Resider	tial 🔲 Bu	usiness	Farm	Other	
Is any portion of property within 500' of another Town? 🔲 Yes 🔀 No								
Ist	Is the property within the Gateway Conservation District? X Yes No							
If	If this application is for a variance(s) please complete the following sections:							
1.	Va Ch	riance(s) reque	ested of the Essex Zoning ply and write in sections that	Regulations variances are	requested			
	See	ction No.	Allowed/Required per the regulations		Existin	g	Requested	
	X	40C	No buildings within the se	tbacks				
	X	40D	No improvements except	in conformity	/			
	X	40E	No change in the use of a	ny land or				
	• •		improvement, in the locat	ion of any				
			improvement, or in the size		2			
			any lot or improvement e					
			conformity with the zonir	g regs.				
			Coverage					
			Coverage Setbacks					
			Height					
	AL	SD4 F	XISTING ADUW	THIN THE	esetback	5		

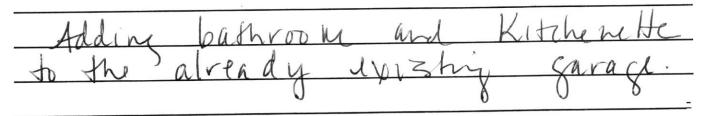
(Please attach supplemental sheets if space provided is insufficient)



X No

Yes 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)



(Please attach supplemental sheets if space provided is insufficient) Page 2 of 5 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.)

Under 512 a OCAt Da a The b. d Strict a A c. 4. The above hardship is unique to this parcel and not shared by other in the area because: he a 0-11b. <u>c.</u> 5. Described proposed reductions in legal pre-existing nonconformities, if any hone a. b. c.

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

a
Working with existing structure
b. Mainthinic residential use
and received health approval.
C
Have previous applications been made for this property? Yes No If yes, previous application #s <u>12-29</u> Date <u>12/18/12</u> Prior variance request: <u>12 Contrage</u> and <u>Variance Board Action</u> <u>granted</u>

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
- $\mathcal{N} \not\models$ e. Referral from Essex IWWC (if applicable)
- $N \neq f$. 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 applicantJohn & helsenDate: $\frac{3/22/24}{22/24}$ Signature of property ownerJohn C. helsenDate: $\frac{3/22/24}{24}$

Applicant must p	licant must provide a current list of all names and addresses of abutting property owners.				
NAME	ADDRESS	TOWN	ZIP CODE		
	<u>`</u>				

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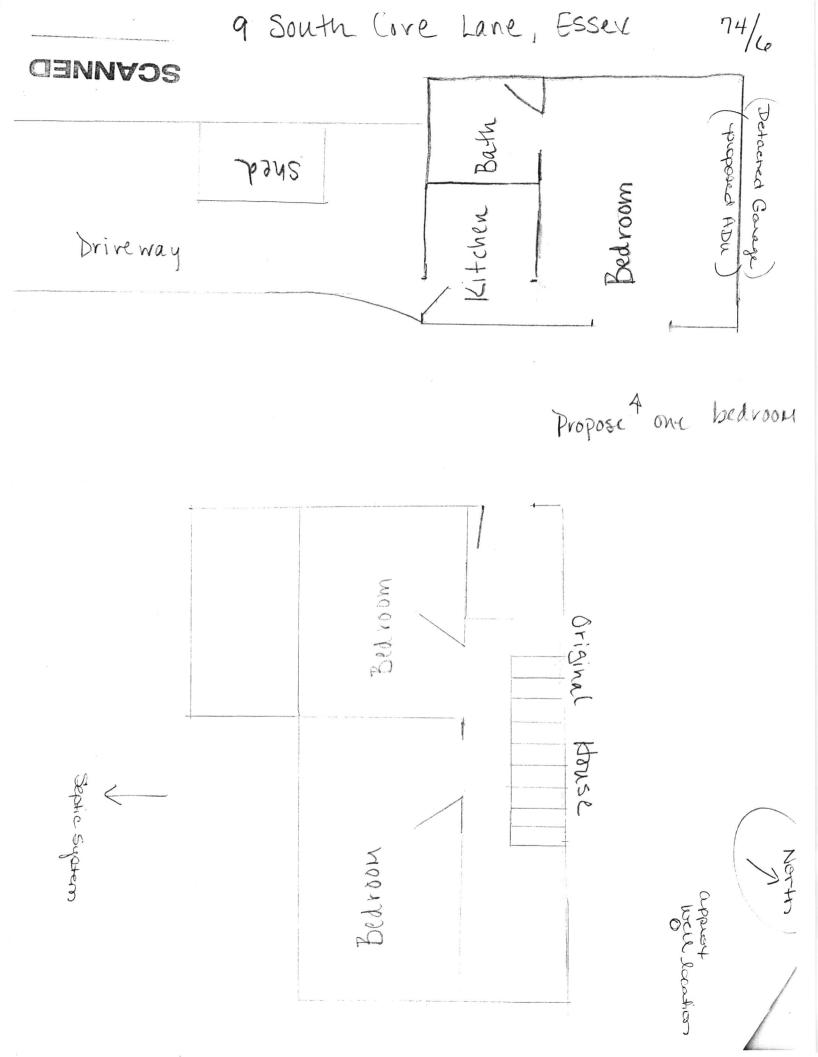
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MALCARNE SHIRLEY H & VANESSA L TRUSTEE 10 SOUTH COVE LA ESSEX, CT 06426 MOSA ANTHONY & LILLIAN 165 SAYBROOK RD ESSEX, CT 06426 HILLER SUSAN M & JAMES D 7 SOUTH COVE LA ESSEX, CT 06426

LANDINO SUSAN D 77% & RAYTER JOHN M 23% 41401 E LARCH MOUNTAIN RD CORBETT, OR 97109



STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

16 9 South Cove Le

Manisha Juthani, MD Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

Environmental Health and Drinking Water Branch NOTICE OF EXCEPTION

An exception is hereby granted to the requirements of Section 19-13-B103d (d) of the Connecticut Public Health Code for a central subsurface sewage disposal system serving a <u>single</u> <u>family dwelling and garage with 1-bedroom accessory apartment</u> located on the <u>Nelsen property</u>, 9 <u>South Cove Lane</u> in the Town of <u>Essex</u>, Connecticut. A central system has been found to be technically preferable for the following reasons:

1. The garage with 1-bedroom accessory apartment will generate limited sewage flows compared to the primary dwelling.

2. The Essex Health Department has indicated that a code complying subsurface sewage disposal system can be installed on the property (3 bedrooms).

3. The central system will provide an improved treatment and distribution of effluent.

4. The central system will simplify maintenance.

Recorded at the Connecticut Department of Public Health, Hartford, Connecticut.

<u>11/17/2023</u> DATE Matthe A Pawled

Matthew A. Pawlik, PE, RS Supervising Environmental Engineer Environmental Engineering Program



SCANNED

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Phone: (860) 509-7296 • Fax: (860) 509-7295 Telecommunications Relay Service 7-1-1 410 Capitol Avenue, MS#12SEW, P.O. Box 340308 Hartford, Connecticut 06134-0308 www.ct.gov/dph Affirmative Action/Equal Opportunity Employer

