

Town of Essex

Zoning Board of Appeals

29 West Avenue, Essex, CT 06426

RECEIVED
APR 17 2024

Variance Application

✓#4393

Date received by office BY: Application fee - \$50 + State fee - \$60 = \$110 Pd. ✓

Application # 24-9 Hearing Date 5/21/24

Premises: Street Address 3 CROSSTREES HILL ROAD

Assessor's Map # 70 Lot # 31-1 Lot Area 0.93 ac

Zoning District RU Deed Reference: Book _____ Page _____

Owner of Property MICHAEL and MELISSA HANNIFAN

Address 3 CROSSTREES Hill Rd / ESSEX, CT
Street Town State Zip

Telephone 866/490.6973 Email: melissabarbieri@me.com
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) _____ Date _____

2 OF 5

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 checked="" type="checkbox"/> 40C	No buildings within the setbacks		
<input checked="" type="checkbox"/> 40D	No improvements except in conformity		
<input 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.		
	Coverage		
	Setbacks		
	Height		
401.1		20 FT.	20 FT

(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)

NEW STRUCTURE, TOOL SHED 10' x 24' x 10.5 HIGH
STRUCTURE IS 20' FROM PROPERTY LINE

(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. our property has a long driveway which is difficult to back out of; for safety reasons,
- b. we need space to make a turnaround which can also accommodate a vehicle and small
- c. trailer.

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

- a. the shape of our parcel and ^{location of} home/garage as well as a 100 year old
- b. black walnut tree limit where a tool shed can be placed on our property, as well as
- c. placement of septic and leach fields.

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. _____
we wanted to adhere to the aesthetic
- b. _____
look of our neighborhood in keeping
- c. _____
with the historic look of our town.
- _____
Our neighbors all support this and
- _____
have given their signatures

Have previous applications been made for this property? Yes No

If yes, previous application #s _____ Date _____
Prior variance request: _____ Variance Board Action _____

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
- N/A e. Referral from Essex IWWC (if applicable)
- N/A 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 M. T. Hamp Date: 4-15-2024

Signature of property owner M. T. Hamp Date: 4-15-2024

Michael & Melissa Hannifan
3 Crosstrees Hill Road
Essex, CT 06426

March 18, 2024

Attention: Zoning Board of Appeals,

Please find the below signatures from all neighbors that abut our property. The signatures represent their approval of the placement and aesthetic of the tool shed placed on the property (3 Crosstrees Hill Road).

Bill and Betty Sandberg
4 Crosstrees Hill Road

Signature Betty Sandberg

Onolee Dupont
5B Crosstrees Hill Road

Signature Onolee Dupont

Mike & Nancie (Kirinachs) Pacheco
5A Crosstrees Hill Road

Signature Nancie A. Pacheco

B100a – Plan Review Application

- Fees:** Building Conversion/Change in Use \$85.00 Preliminary Septic Review for New Construction \$ 110.00
 Addition/Renovation \$ 60.00 Subdivision/Preliminary Septic Review \$ 60.00 PER LOT
 Accessory Structure \$ 35.00 Sewage Disposal Preservation \$ 35.00 (describe below)
 Lot Line Change \$ 35.00 Irrigation Public Water // Well Water \$35.00

Street Location 3 Crosstrees Hill Road Map 70 Lot 31-1

Property Owner Name MICHAEL HANNIFAN Phone _____
Mailing Address Same as above Email melissabarbieri@me.com

Applicant Name _____ Phone 860-490-6973 COM
Mailing Address _____ Email _____
License # (if applicable) _____ License Exp. Date _____

- Building Conversion or Change the Use**
 Change Use of an Existing Building from _____ to _____
 Increase the number of employees from _____ to _____ Winterize a seasonal building _____

- Build an Addition or Renovate an existing building. This addition or renovation will:**
 proposed addition will be (describe): _____
 Increase heated/habitable space in the existing structure by _____ sq.ft.
 Convert Use within an Existing Building from _____ to _____
 Increase the number of bedrooms from _____ to _____ Increase lot coverage by _____ sq.ft.

- Construct or Increase the size of an accessory structure:** Per CT PHC Sec. 19-13-B100a, accessory structures are non-habitable structures which are NOT served by a water supply and the use is incidental to residential or non-residential buildings
 Garage _____ sq. ft. Open Deck/Porch _____ sq. ft. In-ground pool
 Shed/Gazebo 240 sq. ft. Three-season/Sun Room _____ sq. ft. Above-ground pool
 Barn _____ sq. ft. Other accessory building type: _____ & _____ sq. ft.

- Preliminary Review of Septic System** **Modify Lot line** (property survey must be submitted)
 Existing lot with septic system Existing Lot (Vacant Land) Create subdivision with _____ (#) of lots.

Sewage Disposal Preservation Area: (Irrigation lines, walls or cuts downgradient of the leaching system, or other projects which change the soil hydraulics)

Provide a brief description of the project _____

Applicant Must Provide the following information with this application: (check attached documents)

- Site plan layout showing the property lines, all existing structures, proposed addition/modification, size and location of the existing septic system (tank & leach fields) and well or public water line.
 Existing septic layout (As-Built) No septic records available Soil test data (if available)
 Current septic pump-out report Date of pump-out: _____ Pumper Name: _____







