

# ZBA VARIANCE or APPEAL APPLICATION

WESTPORT ZONING BOARD OF APPEALS Tel: 203-341-1030 Fax: 203-454-6145

**INSTRUCTIONS for APPLICANT:** For Questions visit P&Z office Daily 9:00-11:30.

Complete pgs 1 & 2 then, REVIEW & COLLECT ALL materials listed on pgs 3&4.

When all is collected DROP OFF to P&Z OFFICE DAILY between 8:30 & 4:00.

After the STAFF REVIEW is complete, a Hearing Date will be set. Please Review pgs. 5&7.

**Note:** Commercial projects may require Architectural Review Board approval, If needed. You MUST submit ARB application BEFORE going to ZBA Hearing.

### OFFICE USE ONLY

Application#: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Receipt Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

- 1. Property Address: 9 TURKEY HILL RD N WESTPORT, CT 06880 Zone: A  
Commercial Property:  or Residential:
- 2. Applicant's Name: Michael Labelle, Jenna Kurek E-Mail: labelle.michael@gmail.com  
Applicant's Address: 9 Turkey Hill Rd N Westport, CT 06880 Daytime Tel: (203) 940-3157

**NOTE:** Below List Owner's Name (s) as appears on the DEED (No abbreviations) If more space needed submit list.

- 3. Property Owner's Name: Michael Labelle + Jenna Kurek E-Mail: labelle.michael@gmail.com  
Property Owner's Address: 9 Turkey Hill Rd N Westport, CT 06880 Daytime Tel: (203) 940-3157
- 4. Is this property on: a Septic System:  or Sewer:
- 5. Is this property within 500 feet of any adjoining municipality? Yes  No
- 6. Does this project involve the **demolition** of any **structures** that are **50 years old or more**? Yes  No

7. Briefly Describe your Proposed Project: we would like to extend our driveway and add a two story addition to the existing structure

8. Will any part of any structures be demolished? No  Yes  - If Yes Attach a Demolition Plan:  
\_\_\_\_\_  
\_\_\_\_\_

9. List each "Regulation Section Number" you are requesting a variance for: i.e. (Sec 6-2 = Set back)  
Section 6-2 - Building lot coverage  
\_\_\_\_\_  
\_\_\_\_\_

10. List any other variances that are requested to legalize any previous issues: i.e. (Sec 11-5 Coverage for existing shed)  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

11. List the PROPERTY HARDSHIP(s) or REASON(s) why this Variance or Appeal should be granted, stating clearly the exceptional difficulty REGARDING YOUR PROPERTY. Note: Financial Hardship will NOT warrant a variance approval see pg 5.  
Non-conforming zone  
\_\_\_\_\_

I hereby certify that the above information is correct and that the accompanying exhibits attached are true.

\_\_\_\_\_  
**Applicant's Signature** (If different than owner)

Michael Labelle  
**Owner's Signature** (Must be signed)

If the applicant is unable to obtain the signature of the property owner, a letter of authorization by the property owner must be submitted.

# TO BE COMPLETED BY OWNER/ APPLICANT

After all required materials are collected, DROP OFF to P&Z OFFICE DAILY between 8:30 & 3:00 ONLY.

**BUILDING PLANS (TITLE)** Proposed Addition 9 TURKEY HILL RD N. WESTPORT, CT  
BY: VESICA DESIGN + CONSTRUCTION DATE 4/18/20 NUMBER of PGS. 7  
REVISED DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_

**SURVEY OR SITE PLAN (TITLE)** ZONING LOCATION SURVEY  
BY: ADVANCED SURVEYING DATE 7/3/2019 NUMBER of PGS. 1  
REVISED DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_

**GROSS LOT AREA:** 11,480.5 **NET LOT AREA:** (less 80% wetlands or steep slopes): 11,480.5

**SETBACKS: Front / Side / Rear) (From Survey)**

Existing: 49.4 / 10.9 / 71.7  
Required: 30 / 10 / 25  
Proposed: 49.4 / 10.9 / 47.6

**FLOOR AREA / FAR:**

Existing: \_\_\_\_\_  
Allowed: \_\_\_\_\_  
Proposed: \_\_\_\_\_

**COVERAGE: Building / Total (From Survey)**

Existing: 10.2% / 20.6%  
Required: 15% / 25%  
Proposed: 16.2% / 32.3%

**PARKING:**

Existing: \_\_\_\_\_  
Required: \_\_\_\_\_  
Proposed: \_\_\_\_\_

**HEIGHT: In Feet / # of Stories**

Existing: 20.9 / 1 1/2  
Required: 35 / 2 1/2  
Proposed: 32 / 2

**SIGNS:**

Existing: \_\_\_\_\_  
Required: \_\_\_\_\_  
Proposed: \_\_\_\_\_

**ATTIC / HALF STORY:**

Existing: \_\_\_\_\_ / Proposed: \_\_\_\_\_

**LANDSCAPING:**

Existing: \_\_\_\_\_  
Required: \_\_\_\_\_  
Proposed: \_\_\_\_\_

**CRAWL SPACE - CELLAR - BASEMENT:**

Existing: \_\_\_\_\_ / Proposed: \_\_\_\_\_

**NOTE:** If you submit Revised Plans – You **MUST SUBMIT A COVER LETTER** listing EACH CHANGE & 9 COPIES.

**REVISIONS FEE:** Revised Plans, which require additional staff review ADDITIONAL FEE of HALF of original Appl. fee is REQUIRED.