

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: 33 Hickory Dr Zone: A

Commercial Property: or Residential:

2. Applicant's Name: Danielle Costa E-Mail: daniellec@elizabethdevelopment.com

Applicant's Address: 17 Frost Hill Rd, Trumbull CT Daytime Tel: 203-638-4887

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: Bridgewell Capital LLC E-Mail: Jennie@BridgewellCapital.com

Property Owner's Address: 2400 East Colonial Dr Daytime Tel: _____
Orlando, FL

- 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: Extend structure to rear yard over existing deck and patio. Garage addition with second floor above garage.

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)
6-2.1.7 nonconforming as to setback
6-2.2 Coverage
6-3.1 Setbacks

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

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.
The lot is deeper than wider which limits the space for an addition making the rear yard the only option.

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

Danielle Costa
Applicant's Signature (If different than owner)

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) Renovation and Addition
BY: Elizabeth Development DATE 7/9/2020 NUMBER of PGS. 4
REVISED DATE _____ NUMBER of PGS. _____

SURVEY OR SITE PLAN (TITLE) Existing conditions survey/proposed conditions
BY: Walter H. Skidd DATE Dec 18, 2019 NUMBER of PGS. 2
REVISED DATE _____ NUMBER of PGS. _____

GROSS LOT AREA: 13,642 sqft **NET LOT AREA:** (less 80% wetlands or steep slopes): 8,826 sqft

SETBACKS: Front / Side / Rear (From Survey)

Existing: 32' / 9'5" / 10'2" / 93.3'
Required: 30' / 10' / 25'
Proposed: 32' / 10'3" / 10'2" / 93.3'

FLOOR AREA / FAR:

Existing: 22.51%
Allowed: _____
Proposed: 25.34%

COVERAGE: Building / Total (From Survey)

Existing: 1,538.4 / 1,614.7 sqft
Required: 15% Lot Area
Proposed: 1,864.6 / 1,964.6 sqft

PARKING:

Existing: 2 in driveway
Required: _____
Proposed: 2- (1) garage (1) driveway

HEIGHT: In Feet / # of Stories

Existing: 12' 15" / 1
Required: 35' / 2-1/2
Proposed: 21' 5" / 2

SIGNS:

Existing: n/a
Required: _____
Proposed: _____

ATTIC / HALF STORY:

Existing: n/a / Proposed: n/a

LANDSCAPING:

Existing: _____
Required: _____
Proposed: _____

CRAWL SPACE - CELLAR - BASEMENT:

Existing: 1,331 sqft / Proposed: 1,839 sqft
507.6 sqft garage foundation w/2nd story

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**.