

# 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: 8 Harbor Road Westport, CT Zone: A  
Commercial Property:  or Residential:
2. Applicant's Name: Janet Blanchini E-Mail: janet.tatusko@gmail.com  
Applicant's Address 8 Harbor Road Westport, CT Daytime Tel: 203.249.7036

**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: Janet B. Tatusko E-Mail: janet.tatusko@gmail.com  
Property Owner's Address: 8 Harbor Road Westport, CT 06880 Daytime Tel: \_\_\_\_\_

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: \_\_\_\_\_  
Small pool in rear of home measuring 12 x 24.  
\_\_\_\_\_  
\_\_\_\_\_

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)  
SEC. 6-2.1.2  
\_\_\_\_\_  
\_\_\_\_\_

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.**  
My physical therapy includes exercise in Water. The pool times are limited. I am having a 2nd hip replaced and wish to have a pool for those purposes. I also love this land and it would be a nice addition.

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

Janet B. Tatusko  
**Applicant's Signature** (If different than owner)

Janet B. Tatusko 4/30/20  
**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** Page 2 of 7

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

**BUILDING PLANS (TITLE)** N/A

BY: \_\_\_\_\_ DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_

REVISED DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_

**SURVEY OR SITE PLAN (TITLE)** 8 Harbor Road Westport, CT Proposed PLOT PLAN

BY: B.G. Root Surveyor DATE 6/29/20 NUMBER of PGS. 1

REVISED DATE 6/25/20 NUMBER of PGS. 1

**GROSS LOT AREA:** 11053 sf **NET LOT AREA:** *(less 80% wetlands or steep slopes):* 3129sf

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

Existing: 30/30/10.4 / \_\_\_\_\_

Required: 30/30/10.4 / \_\_\_\_\_

Proposed: 30/30/10.4 / \_\_\_\_\_

**FLOOR AREA / FAR:**

Existing: N/A

Allowed: \_\_\_\_\_

Proposed: \_\_\_\_\_

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

Existing: 28.52% / \_\_\_\_\_

Required: \_\_\_\_\_ / \_\_\_\_\_

Proposed: 28.31 / \_\_\_\_\_

**PARKING:**

Existing: N/A

Required: \_\_\_\_\_

Proposed: \_\_\_\_\_

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

Existing: N/A / \_\_\_\_\_

Required: \_\_\_\_\_ / \_\_\_\_\_

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

**SIGNS:**

Existing: N/A

Required: \_\_\_\_\_

Proposed: \_\_\_\_\_

**ATTIC / HALF STORY:**

Existing: N/A / Proposed: \_\_\_\_\_

**LANDSCAPING:**

Existing: N/A

Required: \_\_\_\_\_

Proposed: \_\_\_\_\_

**CRAWL SPACE - CELLAR - BASEMENT:**

Existing: N/A / 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**.