



TOWN OF STAFFORD, CT



Warren Memorial Town Hall
1 Main Street, Stafford Springs, CT 06076
860-684-1793

04/15/2021

ZONING BOARD OF APPEALS APPLICATION

Draft

[X] Residential

Commercial

[X] Variance from the Zoning Regulations; \_\_\_ Appeal from the Decision of the Zoning Agent
\_\_\_ Approval of Motor Vehicle Sales or Repair Location

Applicant Information:

Name: Robert Proulx
Address: 132B West Main Street Stafford Springs CT 06076
Phone: 860.851.9400 Fax:
Email:
Legal Interest: Contractor

Owner Information:

Name: WATERHOUSE THOMAS J & DIANE V
Address: 9 LAKE SHORE BLVD STAFFORD, CT 06076
Phone: 8604169261 Fax:
Email: tjwaterhouse82@gmail.com
[X] Attached is documentation verifying ownership of the property.

Subject Parcel:

Address: 9 LAKE SHORE BLVD
Size: .27 acres Zone: AA Assessor's Map and Lot #: 18.0 103
Is the subject parcel within 500 ft. of the Town boundary? \_\_\_ yes [X] no

Variance Request:

I hereby apply for a Variance to Section(s) 4.9 of the Zoning Regulations, to permit the following:

Side yard set back from required 20' to existing 6' X 8'

Is a Hardship claimed? [X] If so, what is the specific Hardship?

Existing lot is non-conforming and will not allow additional footprint to either side. Topography and sidelines will not permit additional footprint at rear of house. Lot line and existing well restricts additional footprint toward front. Growing family, needs more living space. Wants to stay close to mom and dad as they get older.

**Appeal from the Decision of the Zoning Agent:**

I hereby **Appeal** the Decision of the Zoning Agent dated: \_\_\_\_\_ ( attach copy ), stating

The basis for my Appeal is:

**Approval of Motor Vehicle Sales or Repair Location:**

Describe Proposed Use:

**Previous Applications:**

Has any previous application for Variance, Appeal, or Approval of Location been filed with this premise? \_\_\_\_\_

If so, for what purpose? \_\_\_\_\_ When? \_\_\_\_\_ . File No. \_\_\_\_\_

**Parties of Interest:**

Attorney / Engineer/ Architect / Builder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Taxes:**

Are all real estate, sewer use, and sewer assessment taxes current? \_\_\_ yes \_\_\_ no

\_\_\_ Attached is proof of payment. (Required)

**Fees:**

\$60.00 (State Fee) + Town Fee\* \$ 300.00 = \$ 360.00 (payable to the Town)

\* Town fee is established by Town Ordinance.

**Signatures:**

Signature of Owner(s) WATERHOUSE THOMAS J & DIANE U Date: 04/15/2021

Signature of Applicant(s) Robert Proulx Date: 04/15/2021

# ArcGIS Web Map



**CRCOG** *CAPITOL REGION  
COUNCIL OF GOVERNMENTS*  
*Working together for a better region.*

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Scale

1:564

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