

ZONING BOARD OF APPEALS
CHESHIRE CONNECTICUT

RECEIVED
Town of Cheshire

DATE 1-2-21 JAN 05 2020

APPLICATION FOR VARIATION OF ZONING ORDINANCE REQUIREMENTS

Applicant ROCK BUILDING + REMODELING LLC. Telephone 203-272-6018

Planning Dept.

Address 15 WESTIN CT

Location of Property (if different) _____ Zone R-40

Deed to this property located on Cheshire Land Records: Volume: 2545 Page 0205

Assessor's Map Plate # 8 Lot # 14

Signature of Applicant [Signature] ROCK BUILDING + REMODELING LLC.

Signature of Property Owner X [Signature]
(As recorded on deed)

Variance requested show number of pertinent sections of zoning regulations and variance desired): REQUESTING AN 8'0" VARIANCE OF THE SIDELINE

SET BACK OF 30' IN AN R-40 ZONE

_____ (The resulting front/side/rear line setback requested is 22' feet).

Reason for Variance (i.e. pool, addition, etc.) ADDITION - FIRST FLOOR BEDROOM, BATHROOM, SITTING ROOM FOR AN ELDERLY PARENT

A. Strict application of the regulations would produce undue hardship because THE ELDERLY PARENT MUST BE ON THE FIRST FLOOR. REDUCING THE SIZE OF THE ADDITION WOULD NOT LEAVE ENOUGH ADEQUATE SPACE FOR THEIR NEEDS.

B. The hardship created is unique and not shared by all properties alike in the neighborhood because DUE TO THE SHAPE OF THE LOT AND WETLANDS BUFFER LINE THE NORTH SIDE OF THE HOUSE IS THE ONLY PLACE FOR EXPANSION.

C. The variance would not change the character of the neighborhood because THE LARGE HOMES ARE ALL SPACED OUT NICELY. THE NEAREST HOME ON THE ADDITION SIDE IS 225' AWAY.

Is an A-2 survey enclosed? YES Is a waiver of an A-2 survey requested? NO

Agent, if different than applicant KEN ROCK Phone 203-272-6018

1331 HIGHLAND AVE. (ADDRESS) CHESHIRE (CITY) CT. (STATE) 06410

The application must be received 17 days before the hearing accompanied by a filing fee. Fees (including state fees and required Public Hearing fee) is \$310.00 for residential and \$385.00 for commercial; industrial. Disclaimer: Additional information may be required, please contact the Planning office for complete application packets. Rev. July 2013

E-MAIL KROCK1331@YAHOO.COM

MEMORANDUM
TOWN OF CHESHIRE
"The Bedding Plant Capital of Connecticut"

84 SOUTH MAIN STREET, CHESHIRE, CONNECTICUT 06410
(203) 271-6670 Telephone (203) 271-6688 FAX

January 19, 2021

TO: Members of the Zoning Board of Appeals

SUBJECT: Application 2021-02-01

RE: 15 Westin Court

No other variance found for this location.

ROCK

Building & Remodeling, LLC

RECEIVED
Town of Cheshire
JAN 11 2020

Planning Dept.

1/6/2021

TO WHOM IT MAY CONCERN,

THE FOLLOWING RESIDENTS HAVE BEEN MAILED THE LEGAL NOTICE FOR THE ZBA VARIANCE REQUEST AT 15 WESTIN CT – CHESHIRE.

9 WESTIN CT	JAMES FLAHERTY
19 WESTIN CT	ARON PELL
8 WESTIN CT	FENG XU
20 WESTIN CT	JOHN CALABRESE
26 WESTIN CT	MARIA SANCHEZ
1739 MARION RD	JORRIS MACKNIGHT
1777 MARION RD	JOSEPH GAGLIARDI
5 WESTIN CT	RONALD PISANI

APPLICANTS (AGENT) SIGNATURE:



DATE:

1-7-21

NOTARY SIGNATURE:



DATE:

1/7/21

Ryan B Coroy
Commissioner of the Superior Court

THE FOLLOWING IS A CHECK LIST TO ENSURE THAT ALL NECESSARY APPLICATIONS HAVE BEEN FILED WITH THE PLANNING OFFICE

(Please check one)

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Have any variances previously been granted or denied on this property?

If so, when? _____ | () | (X) |
| 2. Are you requesting a waiver of the Class A-2 Survey?
(If so, this must be in writing.) | () | (X) |
| 3. Are there any wetlands on the property? | (X) | () |
| 4. Is the property within the watershed area?
(If so, has an application been submitted To the Regional Water Authority?) | () | (X) |
| 5. Is the property located within the aquifer zone? | () | (X) |
| 6. Is the property located within a public water supply Aquifer protection area or watershed area?
(If yes, notification is required to the CT Dept. of Public Health per Public Act 06-53) | () | (X) |
| 7. Has Chesprocott submitted a written statement and/or Map confirming the location of septic/well location on the property? | (X) | () |
| 8. It is suggested that you submit photos of the area where you are requesting the variance. (This will allow the ZBA members to review the area when they are unable to see the area from the street). Photos submitted. | (X) | () |

The following items must be submitted with each application:

- _____ Application Form
- _____ Survey (3 copies)
- _____ Notarized letter to Chairman regarding abutters notification
- _____ Applicable Fee

By signing this checklist, I hereby acknowledge full responsibility that the information provided is true and accurate.



Applicant's Signature

1-2-21

Date



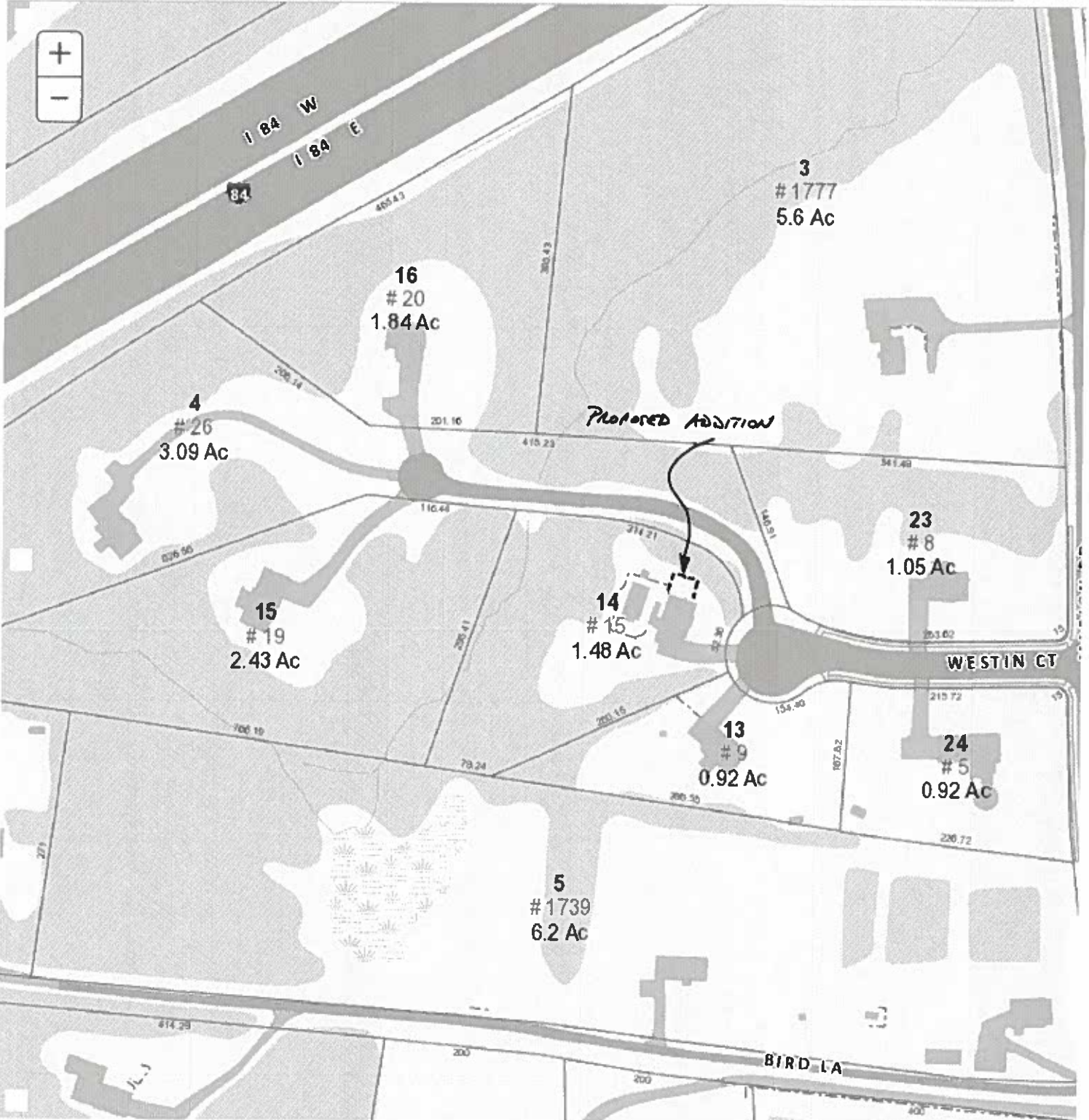
Town of Cheshire, Connecticut
Geographic & Property Information Application

Full T

Base Maps / Air Photos

ch

Map Layers - Click Me



Full Extent

Zoom In

Zoom Out

Prev Extent

Next Extent

Pan

Parcel Information

Simple M

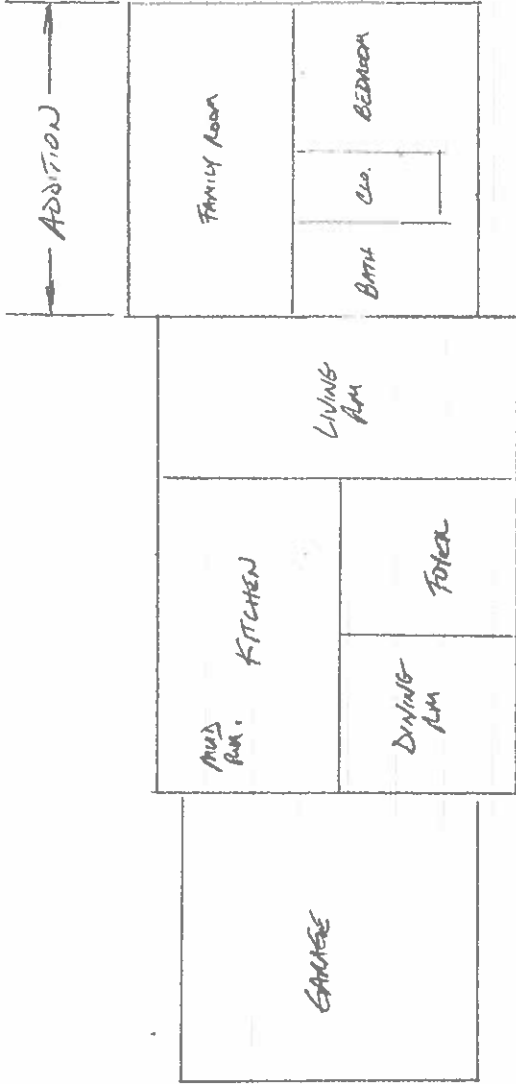
MapXpress v1.2

APPROVED

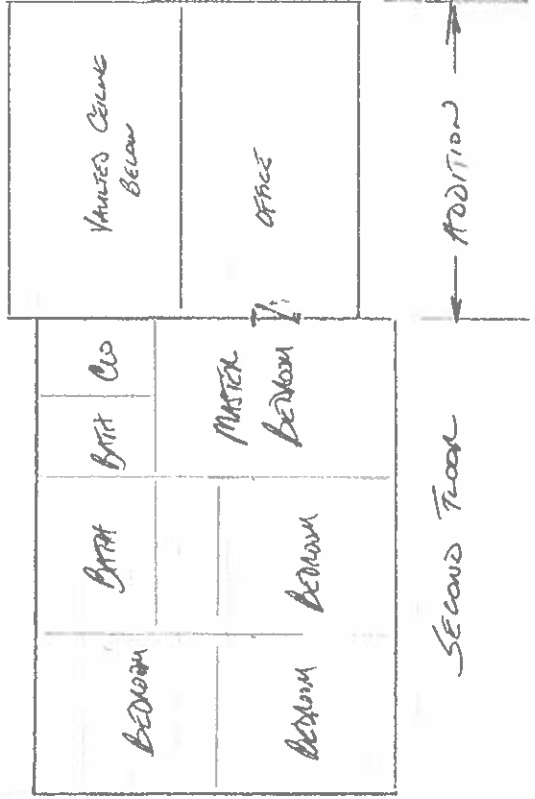
DEC 29 2020



Chesbrocott Health District
 27'6" x 30' Addition 2 story
 4 to 5 bedrooms
 in law unit
 2nd floor office through
 master bedroom



FIRST FLOOR



SECOND FLOOR

MAHLIK-MENTA.
 IS WESTIN CT.
 CHESHIRE CT.

APPLICATION FOR SANITATION CERTIFICATE (To Be Completed by Applicant)

If Chesprocott has a map on file for the location of septic and/or well for the property listed on your variance application, please attach a copy of the map showing the septic and/or well location with your variance application.

NAME OF DEVELOPMENT OR PROJECT: MAULIK MEHTA

STREET ADDRESS: 15 WESTIN CT.

APPROX. NO. OF ACRES 1.479 ZONE R-40 NO. OF LOTS 1

SOURCE OF WATER SUPPLY:

Public Water Supply _____
Community Well _____
Individual Wells X

METHOD OF DISPOSAL OF SANITARY WASTE:

Connect to Public Sanitary Sewer System _____
Project is Located in Class _____ District _____
Report by Water Pollution Control Authority Attached _____
Install Dry Sanitary Sewers for Future Connection and
On-site Sub-Surface _____
Sanitary Disposal Systems for Immediate Short-term Use _____
Install On-Site Sub-surface Sanitary Disposal
System for Long-term Use EXISTING SEPTIC SYSTEM

NAME OF APPLICANT: _____
(Print or Type)

SIGNATURE OF APPLICANT: _____

NAME OF OWNER: MAULIK MEHTA
(Print or Type)

SIGNATURE OF OWNER: X

(Chesprocott Health District To Complete This Section)

SANITATION CERTIFICATE (Please include map and/or written statement from Chesprocott confirming location of septic/well)

see attached approved documents from 12/29/2020
27'6" x 30' Addition w/ in law unit. 2nd Floor
w/ office off master bedroom. B100a 4 to 5 bedrooms

J Burdacki Krugel
Sanitarian, Chesprocott Health District
J Burdacki Krugel

12/29/2020
Date





