

ZBA VARIANCE or APPEAL APPLICATION

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

ZBA-24-00269

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: 5/17/24
Receipt Date: 5/28/24
Fee Paid: n/a

1. Property Address: 63 Old Hill Road Zone: AA
 Commercial Property: or Residential:
2. Applicant's Name: Eric Berheim, Esq. E-Mail: bernheim@flb.law
 Applicant's Address 315 Post Road W Daytime Tel: (203) 635-2200

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: James A. Coyne E-Mail: jcoyne@stonecaps.com
 Property Owner's Address: 63 Old Hill Road Daytime Tel: (203) 454-2110

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:
 Appeal from May 6, 2024 denial of issuance of zoning permit for pickleball court, which is attached hereto. The zoning permit application was submitted on March 26, 2024, a copy of which is attached hereto. The Applicant's position regarding the incorrect application of the zoning regulations is set forth in the cover letter attached hereto.

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 ~~Sec 6-2~~)

RECEIVED

MAY 17 2024

ZBA

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.

12. I hereby certify that the above information is correct and that the accompanying exhibits attached are true.
 /s/ Eric Bernheim _____

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) _____

BY: _____ DATE _____ NUMBER of PGS. _____

REVISED DATE _____ NUMBER of PGS. _____

SURVEY OR SITE PLAN (TITLE) Zoning Location Survey & Topographic Survey

BY: Landtech DATE 1/24/23 NUMBER of PGS. 1

REVISED DATE 3/6/23 NUMBER of PGS. 1

GROSS LOT AREA: 1.266 acres **NET LOT AREA:** *(less 80% wetlands or steep slopes):* 1.266 acres

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

Existing: 30 / 25 / N/A

Required: 30 / 25 / N/A

Proposed: _____ / _____ / _____

FLOOR AREA / FAR:

Existing: _____

Allowed: _____

Proposed: _____

COVERAGE: Building / Total *(From Survey)*

Existing: _____ / _____

Required: _____ / _____

Proposed: _____ / _____

PARKING:

Existing: _____

Required: _____

Proposed: _____

HEIGHT: In Feet / # of Stories

Existing: _____ / _____

Required: _____ / _____

Proposed: _____ / _____

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**.