

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: 715 Post Road East Zone: GBD
Commercial Property: or Residential:
2. Applicant's Name: William W. Taylor E-Mail: tayloratty@sbcglobal.net
Applicant's Address: 1071 Post Road East Suite 206 Westport CT 0688 Daytime Tel: 203-227-9328

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: William W. Taylor E-Mail: tayloratty@sbcglobal.net
Property Owner's Address: 1071 Post Road East Suite 206 Westport Ct Daytime Tel: 203-227-9328

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:
Construction of an 4220 sq. foot office building (medical/professional space) with 20 parking spaces after DOT condemnation.
Project has prior variance approvals:
ZBA case #7609 Dated 2/22/18 and

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)
35-2-2.1 Front Landscape, Bufferstrip on corner; 24-8 Floor Area, Fencing 31-3, 5-2 (fence wall >8' in setback)

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.**
See narrative.

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

William W. Taylor 6-22-24
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) Site Development Plan depicting 715 Post Road East

BY: David R. Ginter, P.E. of Redniss & Mead DATE 12/1/2017 NUMBER of PGS. 11
REVISED DATE 1/23/2024 NUMBER of PGS. 11

GROSS LOT AREA: 15,435 NET LOT AREA: (less 80% wetlands or steep slopes): 15,254

SETBACKS: Front / Side / Rear (From Survey)

Existing: 0 / 0 / 0
Required: 30 / 15 / 25
Proposed: 39.2' / 15 / N/A

FLOOR AREA / FAR:

Existing: 0
Allowed: 3,859 SF
Proposed: 4,220 SF

COVERAGE: Building / Total (From Survey)

Existing: 0 / 0
Required: 3,813 SF /
Proposed: 2,287 / 11,027

PARKING:

Existing: 0
Required: 20
Proposed: 20 plus 1 compact

HEIGHT: In Feet / # of Stories

Existing: 0 / 0
Required: 30' / 2
Proposed: 28-39' / 2

SIGNS:

Existing: prior variances received for sig
Required: _____
Proposed: _____

ATTIC / HALF STORY:

Existing: 0 / Proposed: _____

LANDSCAPING:

Existing: 0
Required: _____
Proposed: _____

CRAWL SPACE - CELLAR - BASEMENT:

Existing: 0 / Proposed: 0

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**.