

# 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#: ZBA-24-00450

Submission Date: 8/5/24

Receipt Date: \_\_\_\_\_

Fee Paid: 360.00

1. Property Address: 20 Fairfield Ave Westport CT Zone: A  
Commercial Property:  or Residential:
2. Applicant's Name: Jason Raymond E-Mail: jason@raymondsgnbuilders.com  
Applicant's Address 66 Robson Place Fairfield CT Daytime Tel: 203-275-6543

**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: Christian & Jaqueline Schiavone E-Mail: \_\_\_\_\_  
Property Owner's Address: 20 Fairfield Ave Westport CT 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:  
Proposed 2 1/2 Story addition to the rear of the house, squaring of the rear right corner of the house.

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)  
12-6 Coverage in the Res A district

10. List any other variances that are requested to legalize any previous issues: i.e. (Sec 11-5 Coverage for existing shed)  
NA

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.  
The lot was crated before current zoning laws, required lots sizes for A zone is 1/2 acre or 21,780sf existing lot sizes is 7,000.

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

[Signature]  
Applicant's Signature (If different than owner)

[Signature]  
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.

RECEIVED  
AUG 05 2024  
ZBA

# 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)** Schiavone Renovation

BY: Raymond Design Builders DATE \_\_\_\_\_ NUMBER of PGS. \_\_\_\_\_

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

**SURVEY OR SITE PLAN (TITLE)** Zoning location Survey

BY: Arcamone Land Surveyors DATE 2/8/23 NUMBER of PGS. 1

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

GROSS LOT AREA: \_\_\_\_\_ NET LOT AREA: (less 80% wetlands or steep slopes): \_\_\_\_\_

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

Existing: 32 / 8 / 56.1

Required: 30 / 7.5 / 25

Proposed: 32 / 7.9 / 56.1

**FLOOR AREA / FAR:**

Existing: \_\_\_\_\_

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

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

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

Existing: 1638 / 2435

Required: 3267 / 5445

Proposed: 1653 / 2450

**PARKING:**

Existing: \_\_\_\_\_

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

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

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

Existing: 27 / 2 1/2

Required: 29 / 2

Proposed: 27 / 2 1/2

**SIGNS:**

Existing: \_\_\_\_\_

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

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

**ATTIC / HALF STORY:**

Existing: Attic / Proposed: Attic

**LANDSCAPING:**

Existing: \_\_\_\_\_

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

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

**CRAWL SPACE - CELLAR - BASEMENT:**

Existing: NA / Proposed: NA

**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.