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 <u>Daily 9:00-11:30</u>.

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 <u>8:30 & 4:00</u>.

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#: 281 - 74-000
Submission Date: 1011124
Receipt Date: 10129/24

Fee Paid: 3660

1.	Property Address: 27 Powers Court Zone: A			
2.	Commercial Property: or Residential: E-Mail: promano@landtechconsult.com			
	Applicant's Address 25 (27) Powers Court; Westport, CT 06880 Daytime Tel: 203.454.2110			
<u>N</u>	OTE: Below List Owner's Name (s) as appears on the DEED (No abbreviations) If more space needed submit list.			
3.	Property Owner's Name: Westport Country Playhouse Inc. E-Mail:			
	Property Owner's Address: 25 Powers Court, Westport CTDaytime Tel:			
4. 5. 6.	Is this property on: a Septic System: or Sewer: No Sewer: No Does this project involve the demolition of any structures that are 50 years old or more? Yes No			
7.	Briefly Describe your Proposed Project:			
	Two proposed additions to an existing restaurant.			
8.	Will any part of any structures be demolished? No Yes - If Yes Attach a Demolition Plan:			
9.	See plan List each "Regulation Section Number" you are requesting a variance for: i.e. (Sec 6-2 = Set back) 13-6			
	13-4			
10.	List any other variances that are requested to legalize any previous issues: 同個问题 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			
	OCT 1 1 2024			
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.			
	Pre-existing non conforming lot.			
12.	I hereby certify that the above information is correct and that the accompanying exhibits attached are true. **Peter Remane** **Attached** **The description of the correct and that the accompanying exhibits attached are true. **The description of the correct and that the accompanying exhibits attached are true. **The description of the correct and that the accompanying exhibits attached are true. **The description of the correct and that the accompanying exhibits attached are true. **The description of the correct and that the accompanying exhibits attached are true. **The description of the correct and that the accompanying exhibits attached are true. **The description of the correct and the correct			
	Feter Homano Uttached			

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) Gabrie	le of Westport Restura	nt			
			NUMBER of PGS. 2		
	REVISED DATE				
F	Name: 1 *** - 1 *** - 1 * - 1	0			
SURVEY OR SITE PLAN (TITLE) Partial Zoning Location Survey					
BY: LANDTECH					
	REVISED DATE 10.1		2024 NUMBER of PGS. 1		
CROSS LOT AREA, 135,398 (3,108)	AC) NET LOT ABEA. ((c	000/ !!-			
GROSS LOT AREA: 135,398 (3.108 AC) NET LOT AREA: (less 80% wetlands or steep slopes): 135,398 (3.108 AC)					
SETBACKS: Front / Side /	Rear) (From Survey)	FLOOR	AREA / FAR:		
Existing: 27.76' / Encroaches 0.9' /	270.6'		ing:		
Required: 30' / 15' /	25'		ved:		
Proposed: 27.76' / Encroaches 0.9' /	270.6'	Proposed:			
		ΤΟΡ	03Cd		
COVERAGE: Building / Tot	ai (From Survey)	PARKI	NG:		
Existing: 16.6%/22,542 SF / 71.3%	* * *		ing:		
Required: 15% / 20,310 SF / 25% /	33,849 SF				
Proposed: 16.7%/22,579 SF / 71.3%/96,599SF		Required: Proposed:			
,		,			
HEIGHT: In Feet / # or	f Stories_	SIGNS	<u>:</u>		
Existing: Existing / Existing	ng		ting:		
Required: 35' / 2.5		Req	uired:		
Proposed: Existing / Exist	ling	Prop	oosed:		
ATTIC / HALF STORY:	a contract	LANDS	CAPING:		
Existing: / Proposed	•	Exis	ting:		
		Req	uired:		
CRAWL SPACE - CELLAR - BA	ASEMENT:	Prop	oosed:		
Existing: / Proposed	1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				

NOTE: If you submit Revised Plans - You MUST SUBMIT A COVER LETTER listing EACH CHANGE & 9 COPIES.

REVISONS FEE: Revised Plans, which require additional staff review ADDITIONAL FEE of HALF of original Appl. fee is REQUIRED.