

# 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-24-00669

Submission Date: 11/12/24

Receipt Date: 11/12/24

Fee Paid: \$ 360.00

1. Property Address: 5 Gault Avenue Zone: \_\_\_\_\_  
Commercial Property:  or Residential:
2. Applicant's Name: Eileen Lavigne Flug E-Mail: eileenflug@gmail.com  
Applicant's Address 5 Gault Avenue, Westport Daytime Tel: 203-520-0397

**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: Eileen Lavigne Flug E-Mail: eileenflug@gmail.com  
Property Owner's Address: 5 Gault Avenue, Westport Daytime Tel: 203-520-0397

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 new free standing garage at end of driveway.

8. Will any part of any structures be demolished? No  Yes  - If Yes Attach a Demolition Plan:

RECEIVED

NOV 12 2024

ZBA

9. List each "**Regulation Section Number**" you are requesting a variance for: *i.e. (Sec 6-2 = Set back)*  
Section 13-4 Setbacks for Residence "A" District  
Section 13-6 Building Coverage in Residence "A" District

10. List any other variances that are requested to legalize any previous issues: *i.e. (Sec 11-5 Coverage for existing shed)*  
None

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 location of house on the property.  
Safety--ability to park vehicle and store personal property inside, to protect it from theft and harsh winters.

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

Eileen Flug  
Applicant's Signature (If different than owner)

Eileen Flug  
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)** Proposed New Garage for the Flug Residence  
BY: Rountree Architects DATE 9/10/24 NUMBER of PGS. 3  
REVISED DATE 10/7/24 NUMBER of PGS. 3

**SURVEY OR SITE PLAN (TITLE)** Proposed Plot Plan Prepared for Eileen Flug, 5 Gault Avenue  
BY: Leonard Surveyors LLC DATE 6/2/24 NUMBER of PGS. 1  
REVISED DATE 8/16/24 NUMBER of PGS. 1

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

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

Existing: 32.4 / 17.2 & 24 / 87  
Required: 30 / 15 / 25  
Proposed: 90 / 84 & 10 / 75

**FLOOR AREA / FAR:**

Existing: \_\_\_\_\_  
Allowed: \_\_\_\_\_  
Proposed: \_\_\_\_\_

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

Existing: 13.62 / 20.34  
Required: 15 / 25  
Proposed: 16.36 / 23.77

**PARKING:**

Existing: \_\_\_\_\_  
Required: \_\_\_\_\_  
Proposed: \_\_\_\_\_

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

Existing: N/A / N/A  
Required: 16 / 1  
Proposed: 15.5 / 1

**SIGNS:**

Existing: \_\_\_\_\_  
Required: \_\_\_\_\_  
Proposed: \_\_\_\_\_

**ATTIC / HALF STORY:**

Existing: N/A / Proposed: Attic

**LANDSCAPING:**

Existing: \_\_\_\_\_  
Required: \_\_\_\_\_  
Proposed: \_\_\_\_\_

**CRAWL SPACE - CELLAR - BASEMENT:**

Existing: N/A / Proposed: N/A

**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.