

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#: 204-24-00672

Submission Date: 11/14/24

Receipt Date: 11/26/24

Fee Paid: \$360

1. Property Address: 36 Reichert Circle, Westport, CT 06880 Zone: A
Commercial Property: ☐ or Residential: ☐
2. Applicant's Name: Scott Greenspun E-Mail: scottgreenspun@gmail.com
Applicant's Address: 36 Reichert Circle, Westport, CT 06880 Daytime Tel: 646.425.1154

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: Scott S. Greenspun and Abby K. Greenspun E-Mail: scottgreenspun@gmail.com
Property Owner's Address: 36 Reichert Circle, Westport, CT 06880 Daytime Tel: 646.425.1154

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:
Enlarging existing screened porch by 99 Feet

RECEIVED

NOV 14 2024

ZBA

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)
13-6 Building Coverage

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.
Limited available building area because home is on non-conforming lot. Seeking to enlarge porch to allow for table.

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

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) Greenspun Screened Porch Extension Project

BY: Landis Home Improvement DATE October 23, 2024 NUMBER of PGS. 2

REVISED DATE _____ NUMBER of PGS. _____

SURVEY OR SITE PLAN (TITLE) Proposed Plot Plan Prepared for Scott and Abby Greenspun

BY: Charles L. Leonard IV, P.E. DATE March 3, 2008 NUMBER of PGS. 1

REVISED DATE October 3, 2024 NUMBER of PGS. 1

GROSS LOT AREA: 19,270 **NET LOT AREA:** (less 80% wetlands or steep slopes): 18,150

SETBACKS: Front / Side / Rear (From Survey)

Existing: 31.7' / 32.5/15.3 / 36.1'

Required: 30' / 10' / 25'

Proposed: 31.7' / 32.5/15.3' / 27'

FLOOR AREA / FAR:

Existing: _____

Allowed: _____

Proposed: _____

COVERAGE: Building / Total (From Survey)

Existing: 16.95% / 20.39%

Required: 15% / 25%

Proposed: 17.49% / 20.94%

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**.