

Office Use Only

Project# ZBA-22-

Address: 21 Day Point

MBL: 10A 83/30

Place cheek all that are being submitted.

\$35.00 CK# 5595

\$ 10000 CK# 6132

TIME____

JUL 1 2022

Minimum Requirements for Submission of Application to Zoning Board of Appeals for Variance

This form must be submitted with your application

i lease check an that are being submitted.
Completed Application Form
Fee Paid
Hardship Statement (See Handout)
A-2 Survey of Property Including Proposed Variance – 4 Full Size Copies
Certificate of Mailing Receipts (Return to us 5 Days prior to Hearing) - Date Submitted: Copy of Letters Sent to Abutters (Send 10 days prior to Hearing) – Date Submitted: Photo of 10 sq. ft. Sign Posted (Post 15 days prior to Hearing) – Date Submitted:

I certify that this application is complete.	/ /
Signature of Applicant:	Date: <u>C6/30/22</u>

The Board reserves the right to add additional requirements in accordance with the State Statutes.

Only Complete Application Packages Will Be Accepted



Application for Zoning Board of Appeals Variance

Fee \$160) (State F	'ee Included) 5595 - \$35
		6133-475-
Cash	/	(e133 - \$ 25- Check#: (e132 - \$100
Date Paid	d:	C. C
Received	by:	

Application #

ZBA- 22-004

Property Address <u>A3 DAY POINT ROACLEH</u> Map 10A Block 83 Lot 31 Zone R-15 WFZ Acres 0, 14
Applicant Purt Pocotopay, LhC Phone 685-1609 Address P. O. Box 26 EH 06424 Email (required) Court bm L @ Ao Com
Property Owner Christopher A. RURT Phone SAM Address SAME Email (required) SAME
Variance requested: Sectionof the Zoning Regulations Variance relates to: Setbacks: (Front / Rear or Side) Required: Proposed: Lot Coverage: Required: Proposed: Height: Required: Proposed: Description of the Project For Servey MAN A S Presented MAN
Strict application of the regulations would produce undue hardship because (Definition of a hardship on back): EAST, HAM DEW WULLE POJUTION CONTROL AN THORITY, EASEMENT OF RECORD.
The hardship created is unique and not shared by all properties alike in the neighborhood because: NON-Conforming PRECORD Complicated - Dof Sewer Enternet of Record.
Signature(s): Applicant Christopher U. Runt Date 06/30/22



Town of East Hampton

Land Use Department 1 Community Dr., East Hampton, CT 06424 (860) 267-7450

If you are unable to attend the meeting but would like to submit written comment, please do so prior to the Public Hearing. Comments can be submitted to the Planning and Zoning Department.

APPLICATION AND MAPS ARE ON FILE IN THE TOWN PLANNER'S OFFICE.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PLANNER AT 860-267-7450