TOWN OF EAST HADDAM
ZONING BOARD OF APPEALS VARIANCE/APPEAL/OTHER APPLICATION

For Internal Use Only:

MEETING DATE: ____________________ **APPLICATION NO.** ____________

CONTINUED DATE: ____________________ **Date Granted/Denied:** ____________

APPLICATION FEE PAID: ____________________

*For this application to be heard at the next Zoning Board of Appeals regularly scheduled meeting, it needs to be filled out completely.

*All of the items noted below in Paragraphs 1 through 4 must be filled out completely, regardless.

*The Zoning Board of Appeals' administrative staff will review your application and contact you if your application is missing pertinent information. If that person cannot get in touch with you before the deadline for the submission of the legal notice, your application will be denied without prejudice because it is incomplete. You may resubmit your new application after completing the missing information for the next regularly scheduled meeting with the Zoning Board of Appeals' administrative staff. This will require the standard fee and waiting period.

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1. Please check below which applies to your reason for submitting this application:

I (we) hereby apply to the Zoning Board of Appeals for the following:

✓ **A Variance for the following sections of the Zoning Regulation:** 10.1

_____ **To Appeal a ruling/action of the Zoning Enforcement Officer relating to:** ____________

_____ **Other** ____________

2. ***This section needs to be filled out completely:***

Owner's/Applicant's Name MARK LAPOMARDO + WENDY FARRELL **Phone#** 508-735-3330

Owner's/Applicant's Email LAPADARPA@YAHOO.COM

Owner MARK LAPOMARDO **Mailing Address** 12 SHORE RD, EAST HADDAM CT. 06423

Appellant(s) ____________ Address ____________

Lessee ____________ Address ____________

Agent ____________ Address ____________

LOCATION OF AFFECTED PREMISES: ____________

Assessor's Map No. 67 Lot No. 167 Deed Reference: Volume 1141 /Page 129

Location on the SE side of SHORE RD Street/Road/etc

200 feet distance from the intersection of LAUNCHING AREA RD.

Section of Town: MOODUS Zone: L

3. If no previous appeals have been made to this property, please mark *N/A* here: NA

But if a PREVIOUS APPEAL(S) has been made with respect to this property, please supply Application No. _____ and the Date that it was Approved/Denied: _____.

4. Describe the nature of the variances as it relates to the zoning regulations (this must be filled out so the Board understands the purpose of the application): TO CONSTRUCT A GARAGE 20.5 FT FROM THE PROPERTY LINE WHERE 25 FT IS REQUIRED.

5. This application relates to:

_____area; ____number of family units; _____signs; _____street frontage; _____yard dimension; ____ or other (please explain): SEE ABOVE

6. Please state any deed restrictions (if there are none, please write N/A): NA

7. Is this property within 500 feet of Colchester, Salem, Old Lyme, Haddam or East Hampton? If yes, which town(s) (if not, write N/A) : NA

8. With respect to any VARIANCE of the Zoning Regulations, which is requested, please complete the (a), (b) and (c) below:

(a) Strict application of the regulations would produce an UNDUE HARDSHIP because: THE LOT HAS WETLAND AND SEPTIC RESTRICTIONS THAT MAKE IT DIFFICULT TO COMPLY WITH THE ZONING SETBACKS.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: THIS IS NOT UNIQUE SINCE MANY OF THE EXISTING STRUCTURES WERE BUILT PRIOR TO ZONING AND HAVE LESS SIDE YARDS THAN WHAT IS PROPOSED.

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because: SEE (B)

9. With respect to an APPEAL from a ruling or action of the Zoning Enforcement Officer, the appeal should be sustained because: NA

10. You must mail a letter to all adjoining Property owners within 100 feet of your property lines, including across the street, by Certificate of Mailing at least 14 days prior to the scheduled Public Hearing date. (See Page 5 of this application which can be used as the letter.)

(a) LIST the abutting property owners that you are required to notify in #11 of this application.

(b) YOU MUST PRESENT the "Certificate of Mailing" return receipts/proof of mailing at the Public Hearing for your appeal to be heard. This is your proof that you notified the required property owners within the required time frame by law.

11. List ALL ADJOINING PROPERTY OWNERS within 100 feet of your property lines, including across the street. Please supply mailing addresses. You may use the back of this sheet if necessary. SEE ATTACHED MAILING LIST

Map_____ Lot_____ Name _____ Address_____

Map_____ Lot_____ Name _____ Address_____

Map_____ Lot_____ Name _____ Address_____

Map_____ Lot_____ Name _____ Address_____

Map_____ Lot_____ Name _____ Address_____

Map_____ Lot_____ Name _____ Address_____

Map_____ Lot_____ Name _____ Address_____

Map_____ Lot_____ Name _____ Address_____

Map_____ Lot_____ Name _____ Address_____

12. A PLOT PLAN is required to show the property lines, building lines, location of septic system, well and other structures on property along with your proposed addition, garage, shed, i.e. or whatever else your variance is needed for must also be indicated on the plan.

PLAN as well as the distances from <u>all</u> property lines. The Board, at its discretion, may require an A-2 survey on any application.

13. Submit this completed application with <u>Site Plan drawn to A-2 standard</u> (but not required to be surveyor or engineer certified) **<u>and Application/Appeal fee of $160.00</u>** to the Zoning Board of Appeals mailbox located in the Land Use Office at least 20 days before the next scheduled public hearing in order to be placed on the agenda for that hearing. Failure to submit your application, map, and payment will be a cause for the application to be incomplete. See the chart below to make sure you have your application in on time.

_____ **Date** 8/12/2026
Signed by Property Owner(s)

Wendy Farnell **Date** 8/12/26
Signed by Appellant(s) or Agent

Office check list

Date Filed: _____

Fee Submitted _____ **Check #** _____

Complete application Yes / No

Abutters notified Yes / No

If help is needed in any part for the completion of this application, please call the Land Use Office at 860-873-5031 or Email - landuse@easthaddam.org

100 feet Abutters List Report

East Haddam, CT
August 12, 2026

Subject Property:

Parcel Number:	067-167	Mailing Address:	LAPOMARDO MARK & FARRELL WENDY A
CAMA Number:	067-167		PO BOX 563
Property Address:	HILLTOP RD MR2		WORCESTER, MA 01613

Abutters:

Parcel Number:	067-066	Mailing Address:	OMARA DANIEL C
CAMA Number:	067-066		26 BERRY RD
Property Address:	18 SHORE RD		EAST HADDAM, CT 06423
Parcel Number:	067-067	Mailing Address:	MAROTTA MARY ELLEN
CAMA Number:	067-067		111 WINDING BROOK RD
Property Address:	16 SHORE RD		BRISTOL, CT 06010
Parcel Number:	067-068	Mailing Address:	LAPOMARDO MARK & FARRELL WENDY A
CAMA Number:	067-068		PO BOX 563
Property Address:	12 SHORE RD		WORCESTER, MA 01613
Parcel Number:	067-069	Mailing Address:	VESELAK EDWARD J JR & PATRICE D
CAMA Number:	067-069		CO-TRUSTEES
Property Address:	SHORE RD		109 SCHULMAN VESELAK RD
			EAST HADDAM, CT 06423
Parcel Number:	067-070	Mailing Address:	OMARA BRITTANY & PROTO JESSICA
CAMA Number:	067-070		76 MILDRED RD
Property Address:	6 SHORE RD		MERIDEN, CT 06450
Parcel Number:	067-072	Mailing Address:	WELCH ALLEN J & MARY-ELLEN
CAMA Number:	067-072		49 WEST ST
Property Address:	2 SHORE RD		HEBRON, CT 06248
Parcel Number:	067-074	Mailing Address:	CONN STATE OF DEP
CAMA Number:	067-074		165 CAPITOL AVE 6TH FL
Property Address:	EH COLCHESTER TPKE		HARTFORD, CT 06106
Parcel Number:	067-162	Mailing Address:	ALJR LLC
CAMA Number:	067-162		312 EH MOODUS RD
Property Address:	10 MABEL RD		MOODUS, CT 06469
Parcel Number:	067-164	Mailing Address:	ROGER PHILIPPE J & DEBORAH A
CAMA Number:	067-164		25 LINDEN ST
Property Address:	SWAMP RD		OAKVILLE, CT 06779
Parcel Number:	067-165	Mailing Address:	EAST HADDAM TOWN OF
CAMA Number:	067-165		PO BOX 385
Property Address:	HILLTOP RD MR2		MOODUS, CT 06469

100 feet Abutters List Report

East Haddam, CT
August 12, 2026

Parcel Number:	067-168	Mailing Address:	RIGGIO GARY & PAUL
CAMA Number:	067-168		90 POND MEADOW RD
Property Address:	86 HILLTOP RD MR2		IVORYTON, CT 06442