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

For Internal Use Only:
MEETING DATE: 9/1/2026 **APPLICATION NO.** 26-07
CONTINUED DATE: _____ **Date Granted/Denied:** _____
APPLICATION FEE PAID: $160.00

*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:

__x__ **A Variance for the following sections of the Zoning Regulation:** Section 10 side yard setback. Maximum lot coverage

_____ **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 BLUEWATER Millwork & Construction Inc. **Phone#** 860-388-8820
Owner's/Applicant's Email Bruce@bluewatermillwork.com

Owner Bordick, Andrew & Nancy **Mailing Address** 9 Carol Drive, Ivoryton, CT
Appellant(s) _____ Address _____
Lessee _____ Address _____
Agent _____ Address _____

LOCATION OF AFFECTED PREMISES: 20 Bailey Road

Assessor's Map No. 057 Lot No. 038 Deed Reference: Volume _ Page 1108/0263

Location on the left side of Bailey Street/Road/etc

_____ feet distance from the intersection of Alger Road .

Section of Town: BLFW Zone: L

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

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): The side yard setback is 25'. We are looking for 11'. The maximum coverage is 10%, we are looking for 14%. We are looking to replace the existing 17'x20' out building with a new barn 28'x36'.

5. This application relates to:

_____area; _____number of family units; _____signs; _____street frontage; _____yard dimension; _____ or other (please explain): Coverage and side yard setbacks.

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

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) : _____

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: This property pre-dates zoning regulations. The width of the lot makes the side yard setback a hardship. Small lot size.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: The width, shape and size of the lot.

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because: By keeping the garage in the setback, it keeps the yard open and does not block the neighbors view.

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

_____

N/A

_____.

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.

Map_____ Lot_____ Name _____Address_____

Map_____ Lot_____ Name _____Address_____

Map_____ Lot_____ Name _____Address_____

Map_____ Lot_____ Name SEE ATTACHED 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.

Nancy J Bak **Date** 8/10/2026

Signed by Property Owner(s)

Date 8/10/2026

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
July 15, 2026

Subject Property:

Parcel Number:	057-038	Mailing Address:	BORDICK CIKA NANCY BORDICK
CAMA Number:	057-038		ANDREW J
Property Address:	20 BAILEY RD		9 CAROL DR
			IVORYTON, CT 06442

Abutters:

Parcel Number:	057-036	Mailing Address:	KLOO LENNART E
CAMA Number:	057-036		136 W HIGH ST
Property Address:	32 BAILEY RD		EAST HAMPTON, CT 06424
Parcel Number:	057-037	Mailing Address:	MURRAY MARYELLEN & DENNIS LU
CAMA Number:	057-037		MURRAY DENNIS JR
Property Address:	26 BAILEY RD		46 SCENIC VIEW DR
			MIDDLETOWN, CT 06457
Parcel Number:	057-039	Mailing Address:	BRANCIERI CONSTANCE
CAMA Number:	057-039		14 BAILEY RD
Property Address:	14 BAILEY RD		EAST HADDAM, CT 06423
Parcel Number:	057-040	Mailing Address:	FIGUEREDO YEISID F COOK GARRETT
CAMA Number:	057-040		& SUSANNE F
Property Address:	6 BAILEY RD		19 MAPLE AVE
			ESSEX, CT 06426
Parcel Number:	057-041	Mailing Address:	SHERWOOD CATHERINE & BRAD
CAMA Number:	057-041		5 BAILEY RD
Property Address:	5 BAILEY RD		EAST HADDAM, CT 06423
Parcel Number:	057-042	Mailing Address:	CROCHETIERE NICOLE C & KATHY E
CAMA Number:	057-042		&JOSEPH R
Property Address:	11 BAILEY RD		11 BAILEY RD
			EAST HADDAM, CT 06423
Parcel Number:	057-043	Mailing Address:	FALLEO ANTHONY J & MCDONALD
CAMA Number:	057-043		MARY E
Property Address:	27 BAILEY RD		86 STANTON ST
			NORTHPORT, NY 11768
Parcel Number:	057-044	Mailing Address:	KLOO LENNART E
CAMA Number:	057-044		136 W HIGH ST
Property Address:	BAILEY RD		EAST HAMPTON, CT 06424
Parcel Number:	057-154	Mailing Address:	CONN STATE OF DEP
CAMA Number:	057-154		165 CAPITOL AVE 6TH FL
Property Address:	BASHAN RD		HARTFORD, CT 06106