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

For Internal Use Only:
MEETING DATE: 10/6/2026 **APPLICATION NO.** 26-10
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 Michael Jacoby **Phone#** 860-319-7336

Owner's/Applicant's Email jacoby.michael@yahoo.com

Owner Michael Jacoby **Mailing Address** 329 E Shore Dr Colchester, CT 06415

Appellant(s) _____ Address _____

Lessee _____ Address _____

Agent _____ Address _____

LOCATION OF AFFECTED PREMISES: 329 E Shore Dr

Assessor's Map No. 87 Lot No. 195 Deed Reference: Volume _Page _____

Location on the _____ side of _____ Street/Road/etc

_____ feet distance from the intersection of _____.

Section of Town: _____ Zone: _____

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

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): Requesting to demo existing garage, replace with a new structure that is 2 feet deeper (replace 26x21' with 26'x24') to meet new standard construction.

5. This application relates to:

_____area; _____number of family units; _____signs; _____street frontage; _____yard dimension; _____ or other (please explain): The new corner of proposed building will be 16.5' from property line while the existing is 18.5'.

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) : 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: Standard size depth of garage to fit vehicle

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: other surrounding houses have garages

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because: The new building would be more aesthetically pleasing and match the other structures on the property.

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 087 Lot 150/188 Name Fedus Stephen M Address 369 E Shore

Map 087 Lot 151 Name Dechane Sherry Address 330 E Shore

Map 087 Lot 152 Name Mooney Markee Address 15 Lenny St W. Hartford

Map 087 Lot 194 Name Carpenter Terri Address 319 E Shore

Map 087 Lot 196/197 Name Bruno Robert Address 339 E Shore

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. – see email from 8/27/2026

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** 8/28/2026
Signed by Property Owner(s)

_____ **Date** _____
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