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

For Internal Use Only:

MEETING DATE: October 6, 2026 **APPLICATION NO.** #26-09

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.

****

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:** _____

Reduce setback on right of dwelling from 25 ft

_____ ~~**Other**~~ to 10 ft for garage addition

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

Owner's/Applicant's Name KMC Builders **Phone#** 860 398 0337

Owner's/Applicant's Email kmcbuildersllc@comcast.net

Owner Hoover Family Trust **Mailing Address** 173 Bashan Rd

Appellant(s) _____ Address _____

Lessee _____ Address _____

Agent _____ Address _____

LOCATION OF AFFECTED PREMISES: 173 Bashan Rd

Assessor's Map No. 066-413 Lot No. _____ Deed Reference: Volume _ Page _____

Location on the West side of Bashan Street/Road/etc

160+ feet distance from the intersection of _____.

Section of Town: E Haddam Zone: L

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): Property setback currently does not allow for 32 ft extension or addition.

5. This application relates to:

✓ area; ____ number of family units; _____ signs; _____ street frontage; _____ yard dimension; ____ or other (please explain):_____

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: Owner cannot construct a garage in a different location on property.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: Setback is too close to dwelling.

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because: Homes in area are similar in existing and proposed construction type.

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.

Attached

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** _____

Signed by Property Owner(s)

_____ **Date** 8-14-2026

Signed by Appellant(s) or Agent

Ken

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 14, 2026

Subject Property:

Parcel Number:	066-413	Mailing Address:	HOOVER MARSHALL A & PRISCILLA J
CAMA Number:	066-413		173 BASHAN RD
Property Address:	173 BASHAN RD		EAST HADDAM, CT 06423

Abutters:

Parcel Number:	066-325	Mailing Address:	CLARK GEORGE M JR & JENNIFER
CAMA Number:	066-325		221 EH COLCHESTER TPKE
Property Address:	221 EH COLCHESTER TPKE		EAST HADDAM, CT 06423
Parcel Number:	066-326	Mailing Address:	MURPHY BRIAN J & KAREN A
CAMA Number:	066-326		225 EH COLCHESTER TPKE
Property Address:	225 EH COLCHESTER TPKE		EAST HADDAM, CT 06423
Parcel Number:	066-327	Mailing Address:	DAMELIO DAN J & KATHLEEN
CAMA Number:	066-327		229 EH COLCHESTER TPKE
Property Address:	229 EH COLCHESTER TPKE		EAST HADDAM, CT 06423
Parcel Number:	066-328	Mailing Address:	LOVELY RICHARD D
CAMA Number:	066-328		231 EH COLCHESTER TPKE
Property Address:	231 EH COLCHESTER TPKE		EAST HADDAM, CT 06423
Parcel Number:	066-395	Mailing Address:	URBAN RICHARD
CAMA Number:	066-395		74 BASHAN RD
Property Address:	238 EH COLCHESTER TPKE		EAST HADDAM, CT 06423
Parcel Number:	066-396	Mailing Address:	PENKES LINDA G
CAMA Number:	066-396		172 BASHAN RD
Property Address:	172 BASHAN RD		EAST HADDAM, CT 06423
Parcel Number:	066-408	Mailing Address:	JORDAN WILLIAM E
CAMA Number:	066-408		155 BASHAN RD
Property Address:	155 BASHAN RD		EAST HADDAM, CT 06423
Parcel Number:	066-412	Mailing Address:	LAZARIN STEVEN P & FLORENCE R
CAMA Number:	066-412		169 BASHAN RD
Property Address:	169 BASHAN RD		EAST HADDAM, CT 06423