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

For Internal Use Only:
MEETING DATE: 11/3/26 **APPLICATION NO.** #26-13
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 Land Use Office staff will review your application and contact you if your application is missing pertinent information.

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

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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: 10.5 Setback from water ***OR***

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

_____ Other: _____

2. *This section needs to be filled out completely:* LOCATION OF AFFECTED PREMISES:

Property Location 309 East Shore Dr.
Assessor's Map No. 87 **Lot No.** 189 **Deed Reference: Volume** 123 **Page** 028
Location on the East **side of** East Shore Drive **Street/Road/etc**
500 **feet distance from the intersection of** East Shore.
Section of Town: Haywood **Zone:** _____
Kathleen Zeyland
Agent
~~**Owner/Applicant Name**~~ Mark Eckert **Phone#** 203-671-0802
Owner/Applicant Email skipcoachmark@gmail.com
Hoodeymarkeckert@gmail.com.

Owner Kathleen Leyland **Mailing Address** 309 East Shore Dr
Appellant(s) _____ Address Colchester, CT 06415
Lessee _____ Address _____
Agent _____ Address _____

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

If a PREVIOUS APPEAL(S) has been made with respect to this property, please supply the 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 an addition 33.5 from Lake Hayward where 50 feet 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): 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:
The existing structure, built before zoning, is 37 feet from the water. The addition if using the lake side wall is continued, it will be 33.5 feet. It is easier to tie into the existing structure.

(b) The hardship created is UNIQUE and not shared by all other properties alike in the neighborhood because: It is not unique in a lake zone. Many structures across the lake are much closer.

(c) The variance would not change the CHARACTER OF THE NEIGHBORHOOD because: It would not change the character. This addition is also 12 feet above the water level.

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

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

11. 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 #12 of this application.

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

1. 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 87 Lot 187 Name Fedus Nico LTRUST Address 369 East Shore D

Map 87 Lot 188 Name Stephen Fedus Address Colchester, CT 06415

Map 87 Lot 190 Name Bass, Peter & John TRTEES Address 24 Dogwood Ln. Apt C Colchester, CT 06415

Map 87 Lot 191 Name Viens, Matthews Address 87 Franklin Ln Glastonbury, CT 06033

Map____ Lot____ Name ____ Address ____

Map____ Lot____ Name ____ Address ____

Map____ Lot____ Name ____ Address ____

Map____ Lot____ Name ____ Address ____

Map____ Lot____ Name ____ Address ____

13. Submit this completed application with Site Plan (but not always required to be an A-2 surveyor) **and Application/Appeal fee of $160.00** to the Zoning Board of Appeals mailbox located in the Land Use Office at least 24 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.

Date Filed: 09/29/2026

Signed by Property Owner(s)

Signed by Appellant(s) or Agent