

2/20/20 Date of Receipt
200/60 Fee and Date Paid

#20-03 File Number
Date Decision Published

TOWN OF NORTH HAVEN -- ZONING BOARD OF APPEALS

(Application fees shall be based upon the number of categories indicated)
Submit one (1) application form and 10 copies of plot plans and other supporting documentation

5 LEONA AVENUE 33//121 R-12 N/A
(ADDRESS OF BUILDING AND BLOCK MAP, BLOCK & LOT NUMBER) ZONE PREVIOUS VARIANCE(S)/DATE

CATEGORIES: (THIS APPLICATION IS FOR)

I. An application for a variance of the zoning regulations
Cite the regulation 2.1.1.9 Statement of requested variance Seeking variance from 10ft side yard set back requirement along the rear of our structure which faces N/NE toward 3 LEONA AVE. If granted wall would be 8.5ft - 9.4ft from boundary. The boundary is not straight.
Cite the regulation 2.1.1.9 Statement of requested variance Seeking variance from 25ft aggregate side yard set back. The same proposed addition would require a variance from the aggregate requirement.

Statement of the hardship that results in the request for a variance (attach additional page if needed)

Our home is 1934-37 construction (a cape) on a non-conforming lot. Our lot is 50ft wide where 80ft is required. The lot is also undersized - 7,127.91ft where 12,000 is required. The pitch of our north-facing roof has proven problematic after moderate to heavy snows. Moisture penetration and excessive condensation has lead to deteriorating plaster ceiling and mold.

II. _____ An application for a special exception or special permit which, according to the zoning regulations, must be granted by the Zoning Board of Appeals
Cite the Special Permit requested
Are any variances needed in conjunction with this Special Permit?
(Yes or No) If yes, a separate application must be submitted for the variance(s)

III. _____ Give a brief narrative of the Special Permit requested
An appeal of an order, requirement or decision made by the agent of the Planning and Zoning Commission or any other official charged with enforcement of the zoning regulations. Give a brief narrative of the appeal being presented.

I (we) hereby attest that all information provided is true and accurate.

RECEIVED

Print Applicant's Name, Address & Phone No.
JUSTIN FAPPIANO
5 LEONA AVENUE
NORTH HAVEN, CT 06473
203-288-5575 / 203-506-2022

Print Owner's Name, Address & Phone No.
FEB 20 2020 JUSTIN & KEIKO FAPPIANO
TOWN of NORTH HAVEN 5 LEONA AVENUE
LAND USE AND DEVELOPMENT NORTH HAVEN, CT 06473
203-288-5575

Applicant's signature

Owner's signature