

4-10-21
\$200/60

Date of Receipt
Fee and Date Paid

#21-09

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

114 RIDGEWOOD AVENUE (MAP 33, LOT 202)
(ADDRESS OF BUILDING AND BLOCK MAP, BLOCK & LOT NUMBER)

R-12
ZONE

PREVIOUS VARIANCE(S)/DATE

CATEGORIES: (THIS APPLICATION IS FOR)

- I. An application for a variance of the zoning regulations

<u>Cite the regulation</u>	<u>Statement of requested variance</u>
2.1-1.9	REQUESTING A SIDEYARD VARIANCE OF 61' TO PERMIT SIDEYARD SETBACK OF 41' WHERE 10' IS REQUIRED
<u>Cite the regulation</u>	<u>Statement of requested variance</u>
2.1.1.9	REQUESTING A REAR YARD SETBACK OF 8'2" TO PERMIT A REAR YARD SETBACK OF 16'8" WHERE 25' IS REQUIRED

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

To correct a safety issue brought on by owner's disability - loss of arm due to inability to clean snow off car due to winter conditions. Can not put cars in existing garage (S is want to park cars in garage to avoid further accident or injury. Also to keep cars off street(S) to provide safer street access by public traffic. → Not to have to have clean snow off car in winter

- 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)

Give a brief narrative of the Special Permit requested

- III. _____ 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.

Print Applicant's Name, Address & Phone No.
JAMES PUCCI
114 RIDGEWOOD AVE
NORTH AV
CT 06473
203 915 4246

Print Owner's Name, Address & Phone No.
JAMES & ELAINE PUCCI
114 RIDGEWOOD AVE
NORTH HAVEN
CT 06473
203 915 4246

RECEIVED
APR 10 2021
TOWN OF NORTH HAVEN
LAND USE AND DEVELOPMENT

Applicant's signature

Owner's Signature