

DEC 17 2021

ZONING BOARD OF APPEALS
CHESHIRE CONNECTICUT

DATE 12-16-21

APPLICATION FOR VARIATION OF ZONING ORDINANCE REQUIREMENTS;

Applicant Michael Patison E-mail mpat114@yahoo.com

Address 363 Winding Ridge Southington, CT 06489

Location of Property (if different) 351 Mixville Rd, Cheshire, CT Zone R-40

Deed to this property located on Cheshire Land Records: Volume: 2996 Page 248

Assessor's Map Plate # 41 Lot # 14

Signature of Applicant [Signature] e-mail mpat114@yahoo.com

Signature of Property Owner [Signature]

(As recorded on deed)

Variance requested show number of pertinent sections of zoning regulations and variance desired): Section 32 Schedule B Dimensional requirements

(Side) yard setbacks (11.5') NOTCH ROAD
FRONT

(The resulting front/side rear line setback requested is 29.2 feet).

Reason for Variance (i.e. pool, addition, etc.) Odd shaped corner lot

(40 ft front and side setbacks)

A. Strict application of the regulations would produce undue hardship because _____

B. The hardship created is unique and not shared by all properties alike in the neighborhood because _____

of the corner lot

C. The variance would not change the character of the neighborhood because the new

home will be proportionally placed on the property
to hold true within the character of the neighborhood

Is an A-2 survey enclosed? Yes Is a waiver of an A-2 survey requested? _____

Agent, if different than applicant _____ Phone _____

(NAME)

(ADDRESS)

(CITY)

(STATE)

The application must be received 17 days before the hearing accompanied by a filing fee. Fees (including state fees and required Public Hearing fee) is \$310.00 for residential and \$385.00 for commercial; industrial. Disclaimer: Additional information may be required, please contact the Planning office for complete application packets. Rev. Dec. 2021

December 16, 2021

To Whom it May Concern:

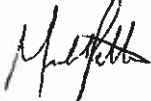
My name is Michael Pattison. The building lot location is 351 Mixville Road.

I closed on the property in November 2020. I saw potential in the property although the house was uninhabitable and the lot was covered in blight. I decided to take on the challenge to demolish the existing house and clean up the lot.

My plan is to build a 2500 square foot craftsman style home that I think will fit beautifully in the neighborhood. The area is very desirable and I look forward to a new beginning in Cheshire.

Regards,

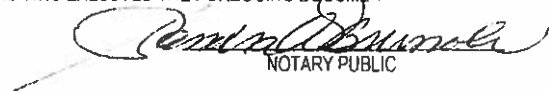
Michael Pattison

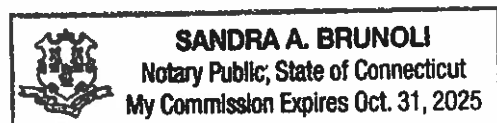


STATE OF CONNECTICUT SS. SOUTHTON
COUNTY OF HARTFORD

ON THIS 16 DAY OF Dec, 2021 BEFORE ME PERSONALLY CAME

Michael Pattison
TO ME PERSONALLY KNOWN TO BE THE PERSON DESCRIBED IN
AND WHO EXECUTED THE FOREGOING DOCUMENT


NOTARY PUBLIC



THE FOLLOWING IS A CHECK LIST TO ENSURE THAT ALL NECESSARY APPLICATIONS HAVE BEEN
FILED WITH THE PLANNING OFFICE

(Please check one)

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Have any variances previously been granted or denied on this property? | () | (✓) |
| If so, when? _____ | | |
| 2. Are you requesting a waiver of the Class A-2 Survey?
(If so, this must be in writing.) | () | (✓) |
| 3. Are there any wetlands on the property? | () | (✓) |
| 4. Is the property within the watershed area?
(If so, has an application been submitted To the Regional Water Authority?) | () | (✓) |
| 5. Is the property located within the aquifer zone? | () | (✓) |
| 6. Is the property located within a public water supply Aquifer protection area or watershed area?
(If yes, notification is required to the CT Dept. of Public Health per Public Act 06-53) | () | (✓) |
| 7. Has Chesprocott submitted a written statement and/or Map confirming the location of septic/well location on the property? | () | () |
| 8. It is suggested that you submit photos of the area where you are requesting the variance. (This will allow the ZBA members to review the area when they are unable to see the area from the street). Photos submitted. | (✓) | () |

The following items must be submitted with each application:


_____ Application Form

_____ Survey (3 copies)

_____ Notarized letter to Chairman regarding abutters notification

_____ Applicable Fee

By signing this checklist, I hereby acknowledge full responsibility that the Information provided is true and accurate.


Applicant's Signature

12-16-21
Date

APPLICATION FOR SANITATION CERTIFICATE (To Be Completed by Applicant)

If Chesprocott has a map on file for the location of septic and/or well for the property listed on your variance application, please attach a copy of the map showing the septic and/or well location with your variance application.

NAME OF DEVELOPMENT OR PROJECT: _____

STREET ADDRESS: 351 Mixville Rd

APPROX. NO. OF ACRES .90 ZONE 40 NO. OF LOTS 1

SOURCE OF WATER SUPPLY:

Public Water Supply ✓
Community Well _____
Individual Wells _____

METHOD OF DISPOSAL OF SANITARY WASTE:

Connect to Public Sanitary Sewer System ✓
Project is Located in Class _____ District _____
Report by Water Pollution Control Authority Attached _____
Install Dry Sanitary Sewers for Future Connection and
On-site Sub-Surface _____
Sanitary Disposal Systems for Immediate Short-term Use _____
Install On-Site Sub-surface Sanitary Disposal
System for Long-term Use _____

NAME OF APPLICANT: Michael Rathson
(Print or Type)

SIGNATURE OF APPLICANT: [Signature]

NAME OF OWNER: Michael Rathson
(Print or Type)

SIGNATURE OF OWNER: [Signature]

(Chesprocott Health District To Complete This Section)

SANITATION CERTIFICATE (Please include map and/or written statement from Chesprocott confirming location of septic/well)

Sanitarian, Chesprocott Heath District

Date