

8/28/20
CK # 418
\$260



Zoning Board of Appeals Town of Southington

Municipal Center, 196 North Main Street, Southington, CT 06489 (860) 276-6248
Fax: (860) 628-3511 e-mail www.southington.org

Date Submitted: 8/28/20

APPLICATION

Appeal No.: 0463A

Fee: See fee schedule

Owner name and mailing address: (please print)

ROBERT ZANGRANDI

28 N SUMMIT ST

SOUTHINGTON CT 06489

Telephone 860 919 9384

Email RobZ66@AOL.COM

Applicant name and mailing address: (please print)

Telephone _____

Email _____

Address of Property: 28 N SUMMIT ST

Assessor's Map # 098 Parcel # 109 Volume 0914 Page 0032

Type of Application: (check one):

*Special Exception *Variance Appeal Ruling of Zoning Enforcement Officer Dated: _____

Other (specify) _____

Zone: R-12 Zoning Regulation(s): FA

Nature and Description of Application: REAR YARD SET BACK VARIANCE TO
CONSTRUCT GARAGE EXTENSION

For variance application, describe how the zoning regulations impose an exceptional difficulty or undue hardship on this property. Please describe all potential difficulties or hardships (you may continue on the back of the form):

TRYING TO MAKE NEW EXTENSION LOOK
LIKE IT IS ORIGINAL TO HOUSE

Are the premises within 500' of an adjacent municipality? NO

This appeal relates to: Use Area Yards Height Setback Signs Accessory Building
 Gasoline Station/Repair Motor Vehicles Sale of Alcohol Other (specify) _____

Signature of Applicant/Owner/Agent [Signature]
(please print) ROBERT ZANGRANDI

Please include 5 copies of a plot plan (Class A-2 survey) unless waived by the Zoning Enforcement Officer.

An approval of a special exception or variance by the ZBA only becomes effective after proper notice has been published by the Town and the applicant has filed a copy of his/her approval letter with the Town Clerk on the land records (Sect. 8-7 of the Connecticut General Statutes). The applicant must submit the Volume & Page number of the filing on the Land Records to the Planning Department when applying for a subsequent land use permit or Zoning Permit.

PLANNING STAFF ONLY

Hearing Date: _____ Received by: [Signature] Sign: R N/A