

APPLICATION TO NEW FAIRFIELD ZONING BOARD OF APPEALSPlease check appropriate box(es) Variance Appeal of Cease & Desist

1) Applicant: KATHERINE R. CONSIGLIO
 Mailing Address: 19 CANNONWOOD ROAD
 Phone#: 703-312-0700
 Email: KRCONSIG@GMAIL.COM

2) Premises located at: 39 CANNONWOOD DRIVE on the (N S E) side of the street
 at approx. 1000 feet (N S E W) from FIELD AVE & BEAR MOUNTAIN RD (nearest intersecting road).

3) Property Owner Name: KATHERINE R. CONSIGLIO

Interest in Property: OWNER CONTRACT PURCHASER LEASEE AGENT

4) Tax Assessor Map No.: 39 Block No.: 6 Lot No.: (30-33) 29/-32

5) Zone in which property is located: R-44 Area of Lot: 17,771 sq

6) Dimensions of Lot: Frontage: 73.4' Average Depth: 120'

7) Do you have any Right of Ways or Easements on the property? (Prior Easement re: Well shared)

8) Is the property within 500 feet of Danbury, Sherman or New York State? NO

9) Have any previous applications been filed with ZBA on this property? NO

If so, give dates and application numbers: N/A

10) Proposal for which variance is requested: ATTACHED

Hardship: ATTACHED

11) Date of Zoning Commission Denial: _____

12) Variance(s) Requested: () USE () DIMENSIONAL

Zoning Regulations (sections): See attached Non-Compliance Letter

3.0.2.A

Setbacks Requested: Front to: ~~29.5'~~ 32' (40' req'd) Rear to: _____

Side to: NA Side to: NA

13) Use to be made of property if variance is granted: SINGLE FAMILY DWELLING

14) If this Application relates to a Cease and Desist Order then this application must be made within 30 Days of the issue date of that Cease and Desist Order. CEASE & DESIST ORDER DATE: _____

SIGNATURE OF OWNER OR AGENT: _____ DATE: _____