

APPLICATION OR APEAL#: _____

APPLICATION TO NEW FAIRFIELD ZONING BOARD OF APPEALS

Please check appropriate box(es) Variance _____ Appeal of Cease & Desist

1) Applicant: One Elwell, L.L.C.
Mailing Address: 7 Southview Road, New Fairfield, CT. 06812
Phone#: (914) 879-3887
Email: jb@arqpc.com

2) Premises located at: 7 Southview Rd, New Fairfield on the (N S E W) side of the street
at approx. _____ feet (N S E W) from "The Millway" (nearest intersecting road).

3) Property Owner Name: One Elwell, L.L.C.

Interest in Property: OWNER CONTRACT PURCHASER _____ LEASEE _____ AGENT _____

4) Tax Assessor Map No.: 10 Block No.: 2 Lot No.: 22

5) Zone in which property is located: R-44 Area of Lot: 6,696 SqFt.

6) Dimensions of Lot: Frontage: _____ Average Depth: _____

7) Do you have any Right of Ways or Easements on the property? No

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: Not Applicable

10) Proposal for which variance is requested: Proposed addition/alteration to existing
single-family residence. Please see attached "Exhibit A" for additional information.

Hardship: _____

11) Date of Zoning Commission Denial: _____

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

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

Setbacks Requested: Front to: 18.16' Rear to: No Change
Side to: 11.33' Side to: No Change

13) Use to be made of property if variance is granted: Use to remain the same as existing use -
Single Family Residential.

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: Not Applicable

SIGNATURE OF OWNER OR AGENT:  DATE: October. 23, 2023