

HADDAM ZONING BOARD OF APPEALS
APPLICATION FOR: VARIANCE,
APPEAL OR CERTIFICATE OF LOCATION
PHONE: 860-345-8531 FAX: 860-345-5169

ZBA-22-002

4/7/22

(Date)

APPLICANT: CRAIG & Diane Murphy PHONE # 860 345-4624
MAILING ADDRESS: P.O. Box 363
OWNER: CRAIG & Diane Murphy PHONE # 860 345-4624
MAILING ADDRESS: SAME
E-MAIL ADDRESS: dcwcatl@yahoo.com
LOCATION OF SUBJECT PROPERTY: 999 SAYBROOK Rd Haddam, CT
DEED: VOLUME _____ PAGE _____
ZONING CLASSIFICATION: _____ ASSESSORS MAP # 31 LOT # 78

PLEASE CHECK ONE: Variance request Appeal

SECTION(S) OF THE ZONING ORDINANCE APPEALED: _____

If application is for a variance, please complete the following section (attach additional sheets if necessary):

a.) List section of Zoning Regulations for which you seek a variance: _____

b.) Describe nature of variance: to make garage bigger, old garage
fell down - 20x22 new size 24x28

c.) What specific Hardship is claimed? (Please print or type) location of historic
foundation existing 6' from property line
like to maintain history of property &

If application is to APPEAL an order of the Zoning Enforcement Officer, please describe the nature of the order and basis of the appeal

SUPPORTING DOCUMENTS: attach twelve (12) copies each of plans, plot plans, and other supporting documents with this application. Please do not mount on poster board.

I/We hereby depose and say that all the above statements, and the statements contained in all papers attached to this application are true to the best of my (our) knowledge and belief.

Diane H Murphy SIGNATURE OF OWNER
Diane H Murphy PRINT NAME
C SIGNATURE OF APPLICANT
PRINT NAME

For ZBA use only: #2450
DATE RECEIVED 4/7/22 DATE OF HEARING 4/28/22 DATE OF DECISION _____
APPROVED: _____ DISAPPROVED: _____ WITHDRAWN: _____
CONDITIONS OF APPROVAL: _____

SIGNED: _____ Chairman, Haddam Zoning Board of Appeals
PRINT NAME: _____ PERMIT #: _____



HADDAM
1050 SAYBROOK RD
HADDAM, CT 06438-9998
(800)275-8777

04/15/2022 11:45 AM

Product	Qty	Unit Price	Price
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First-Class Mail® Letter	1		\$0.58
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Old Lyme, CT 06371
Weight: 0 lb 0.30 oz
Estimated Delivery Date
Mon 04/18/2022
Certified Mail® Tracking #:
70212720000110610710 \$3.75

Total			\$4.33
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First-Class Mail® Letter	1		\$0.58
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Old Lyme, CT 06371
Weight: 0 lb 0.30 oz
Estimated Delivery Date
Mon 04/18/2022

Grand Total:			\$4.91
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Debit Card Remitted			\$4.91
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Card Name: MasterCard
Account #: XXXXXXXXXXXX6163
Approval #: 501925
Transaction #: 196
Receipt #: 010230
Debit Card Purchase: \$4.91
AID: A0000000042203 Chip
AL: US Debit
PIN: Verified

Every household in the U.S. is now
eligible to receive a second set
of 4 free test kits.
Go to www.covidtests.gov

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0106371
0106371
U430 07

Postmark Here
04/15/2022

Postage \$0.58
Total Postage and Fees \$4.33

Sent to Chester Enterprises
Street and Apt. No. 805
City, State, ZIP+4® Old Lyme, CT 06371

See Reverse for Instructions

0120 1901 1000 0222 1202



4/7/2022 4:35:22 PM

Scale: 1"=50'

Scale is approximate

The information depicted on this map is for planning purposes only.
It is not adequate for legal boundary definition, regulatory
interpretation, or parcel-level analyses.

