

CITY OF STAMFORD
ZONING BOARD OF APPEALS

Application # 017-21

Stamford Government Center
888 Washington Blvd.
P.O. Box 10152
Stamford, CT 06904-2152

Telephone 203.977.4160 - Fax 203.977.4100 - E-mail mjudge@stamfordct.gov

PLEASE PRINT ALL INFORMATION IN INK

1. I/we hereby apply to the Zoning Board of Appeals for:

- Variance(s)
 Special Permit
 Appeal from Decision of Zoning Enforcement Officer
 Extension of Time
 Motor Vehicle Approval:

New Car Dealer () Used Car Dealer () General Repairer () Limited Repairer () Gasoline Station ()

2. Address of affected premises:

134 WEBBS HILL ROAD 06903
street zip code

Property is located on the north () south () east () west side of the street.

Block: 376 Zone: _____ Sewered Property () yes no

Is the structure 50 years or older () yes No

Corner Lots Only: Intersecting Street: _____

Within 500 feet of another municipality: No Yes () Town of _____

3. Owner of Property: ALEX WADDELL AND NICHELLE WADDELL

Address of Owner: 134 WEBBS HILL ROAD Zip 06903

Applicant Name: NICHELLE WADDELL

Address of Applicant 134 WEBBS HILL ROAD Zip 06903

Agent Name: _____

Address of Agent: _____ Zip _____

EMAIL ADDRESS: NICHELLEWADDELLE@YAHOO.COM
(Must be provided to receive comments from letters of referral)

Telephone # of Agent _____ Telephone # of Owner 203 461-2615

(CONTACT IS MADE WITH AGENT, IF ONE)

4. List all structures and uses presently existing on the affected property:

HOUSE IS USED AS PRIMARY RESIDENCE AND DAYCARE FOR 6 CHILDREN.
GARAGE IS USED TO PARK OUR CARS. I WILL PICK UP AND DROP OFF THE
DAYCARE CHILDREN AT THEIR HOMES.

5. Describe in detail the proposed use and give pertinent linear and area dimensions:

I WOULD LIKE TO REQUEST PERMISSION TO EXPAND MY DAYCARE FROM 6
CHILDREN TO 12 CHILDREN, TO HELP COMBAT THE NEED FOR AFFORDABLE,
RELIABLE CHILD CARE FOR WORKING FAMILIES. I HAVE 6 CHILDREN, NO STAFF AND
HOURS OF OPERATION ARE 8am TO 5³⁰pm, MONDAY THROUGH FRIDAY. CHILDREN AGES
ARE 1 YEAR TO 5 YEARS OLD. ALL PICK UPS AND DROP OFFS ARE OFF SITE. I
VARIANCES (complete this section for variance requests only) PICK UP AND DROP
See a Zoning Enforcement Officer for help in completing this section OFF THE
CHILDREN AT
THEIR HOMES,
IN 2 TRIPS.

Variance(s) of the following section(s) of the Zoning Regulations is requested
(provide detail of what is sought per the applicable section(s) of the Zoning Regulations)

ZONING ENFORCEMENT APPROVAL
For Submission To Zoning Board Of Appeals

Sheet 1 of 1
Authorized Signature [Signature] Date 4/20/21

Variations of the Zoning Regulations may be granted where there is unusual hardship in the way of carrying out the strict letter of the Regulations solely with respect to a parcel of land where conditions especially affect such parcel but do not affect generally the district in which it is situated. In your own words:

A. Describe the unusual hardship in being unable to carry out the strict letter of the Zoning Regulations:

B. Explain why the variance(s) is/are the minimum necessary to afford relief:

C. Explain why granting of the variance(s) would not be injurious to the neighborhood.

SPECIAL PERMIT

(Complete this section **only** for special exceptions)

SPECIAL EXCEPTION is requested as authorized by Section(s) _____ of the Zoning Regulations.

Provide details of what is being sought:

I WOULD LIKE TO EXPAND MY DAYCARE CAPACITY FROM 6 CHILDREN TO 12 CHILDREN, TO HELP WITH THE NEED FOR AFFORDABLE, RELIABLE CHILD CARE FOR WORKING FAMILIES. I HAVE 6 CHILDREN, NO EMPLOYEES, AND HOURS OF OPERATION ARE 8AM TO 5³⁰PM MONDAY TO FRIDAY. CHILDREN'S AGES ARE 1 YEAR TO 5 YEARS OLD.

MOTOR VEHICLE APPLICATIONS ALL PICK UPS AND DROP OFFS ARE OFFSITE. I PICK UP AND DROP OFF THE CHILDREN AT THEIR HOMES IN 2 TRIPS.
(Complete this section only for Motor Vehicle/Service Dealers Applications)
Provide details of what is being sought.

SIGNATURE REQUIRED FOR ALL APPLICATIONS

Michelle Waddell

Signature of: () Agent () Applicant (X) Owner

Date Filed: 4/23/21

DO NOT WRITE ON BACK OF PAGE

Zoning Enforcement Officer Comments:

DECISION OF THE ZONING ENFORMENT OFFICER

(Complete this section **only** for appeals of zoning enforcement officer decision

DECISION OF THE ZONING ENFORCEMENT OFFICER dated _____ is appealed because:

DO NOT WRITE ON BACK OF PAGE



**CITY OF STAMFORD
ZONING BOARD OF APPEALS**

APPLICATION PACKET

Board Members
Claire D. Friedlander, Chair
John A. Sedlak
Nino Antonelli
Joseph Pigott
Lauren Jacobson

Alternate
Ernest Matarasso
Matthew Tripolitsiotis

Land Use Administrative Assistant
Mary Judge

**ALL APPLICATIONS MUST BE APPROVED AND REVIEWED BY THE
ZONING ENFORCEMENT AT LEAST ONE WEEK PRIOR TO THE
SUBMITTAL DATE**

Zoning Enforcement: _____

Date: _____

4/29/21

Is the project situated in the coastal boundary? Yes () No (X)

Yes () No (X)

Is the project exempt from the coastal regulation?

Yes () Exemption # _____

No (X)

N/A ()

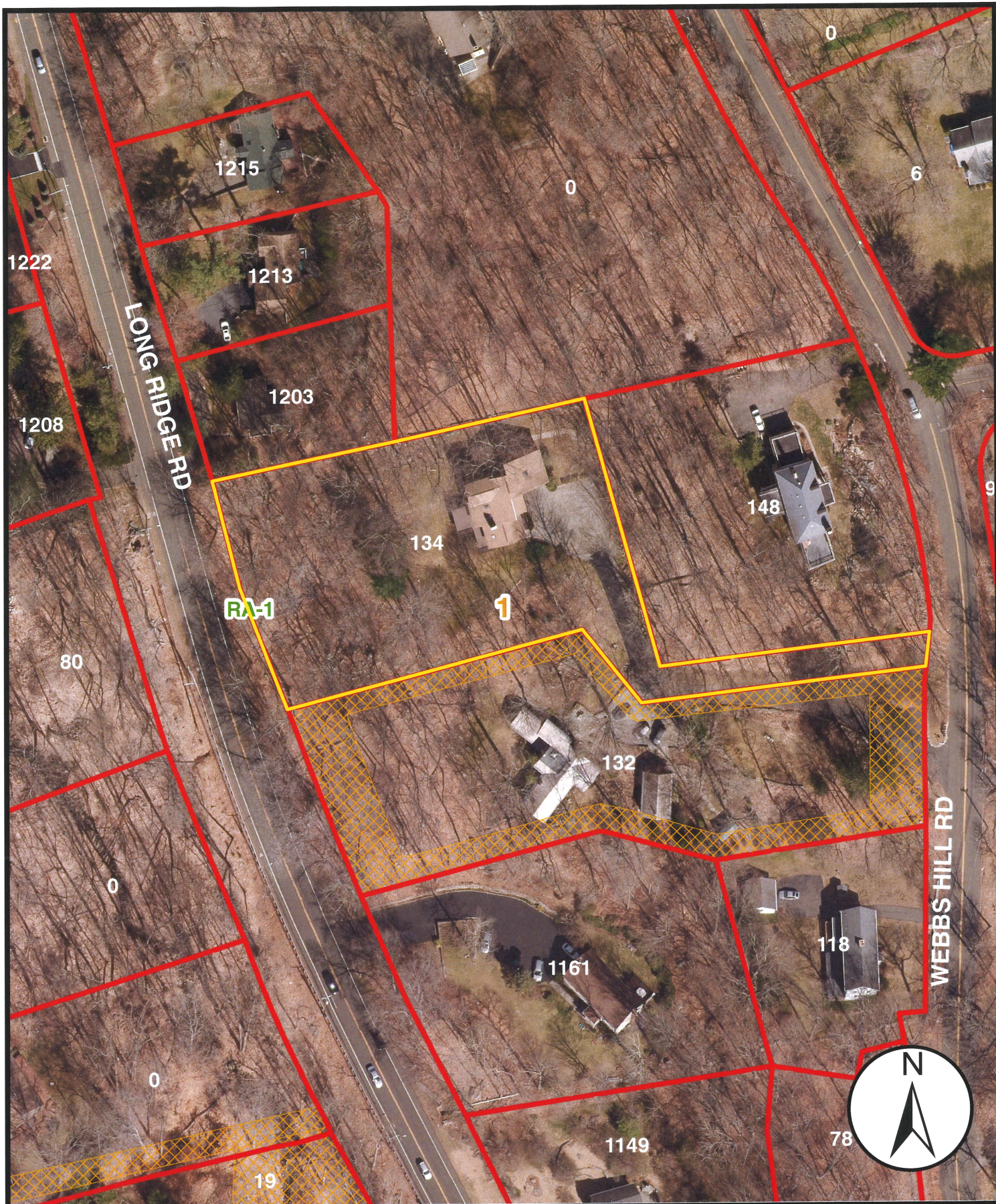
Environmental Protection: _____

Date: _____

CAM Review by:

Zoning Board

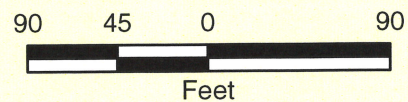
ZBA



ZBA Application #017-21
134 Webb's Hill Road

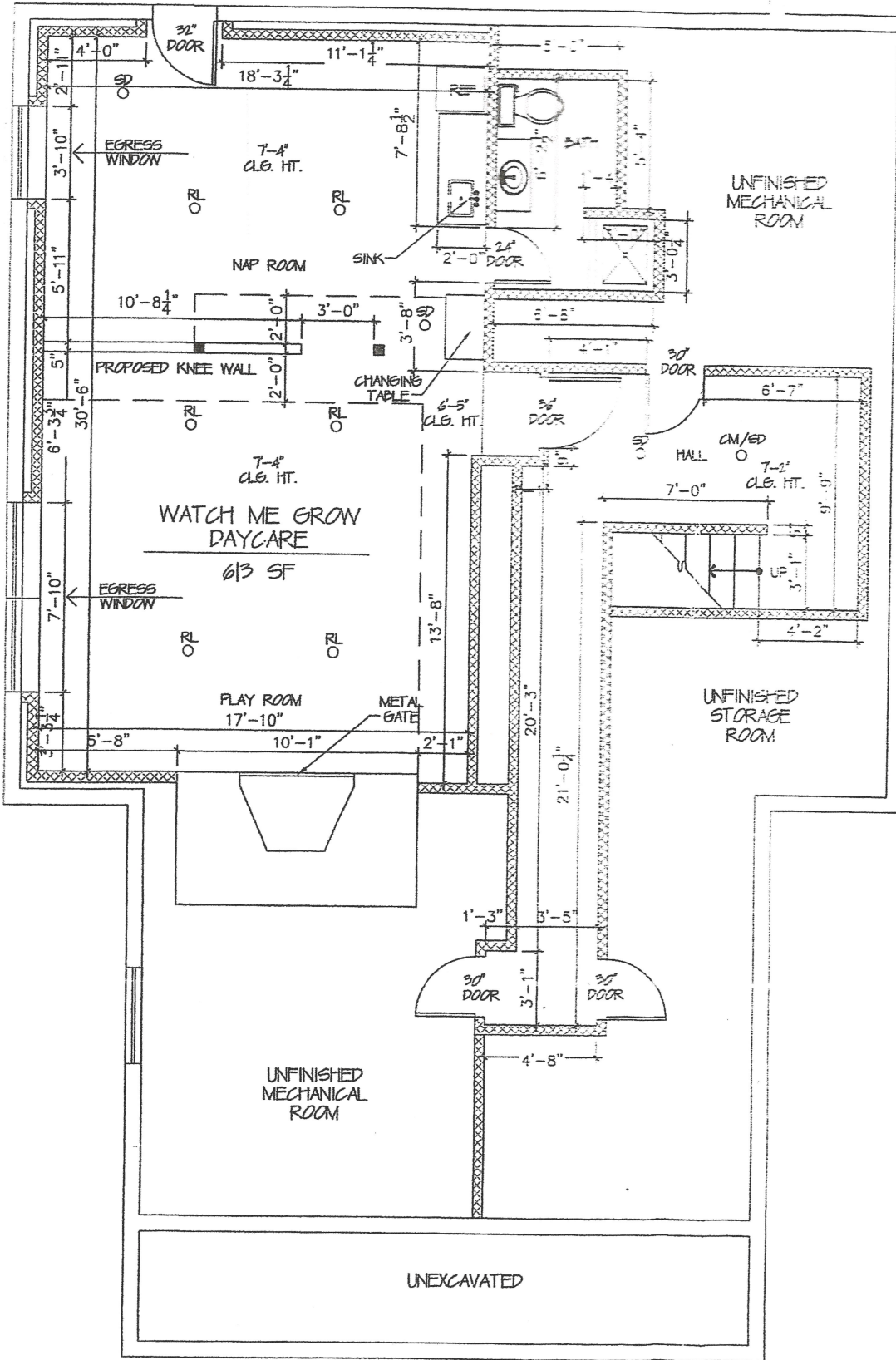
Date: 5/11/2021

1 inch = 92 feet



Feet

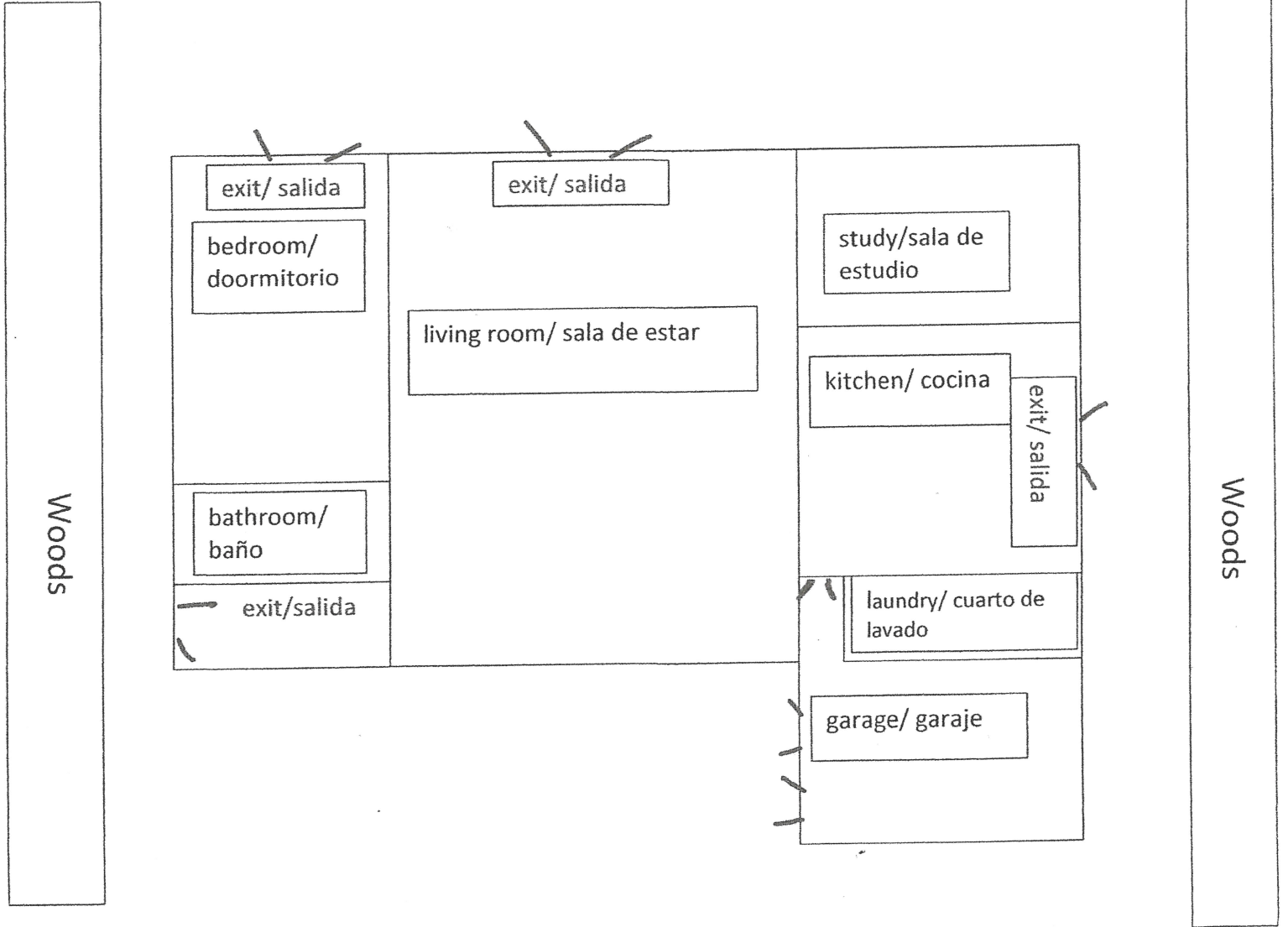
#017-21



UNEXCAVATED

Evacuation plan/ plan de evacuación

Long Ridge Road

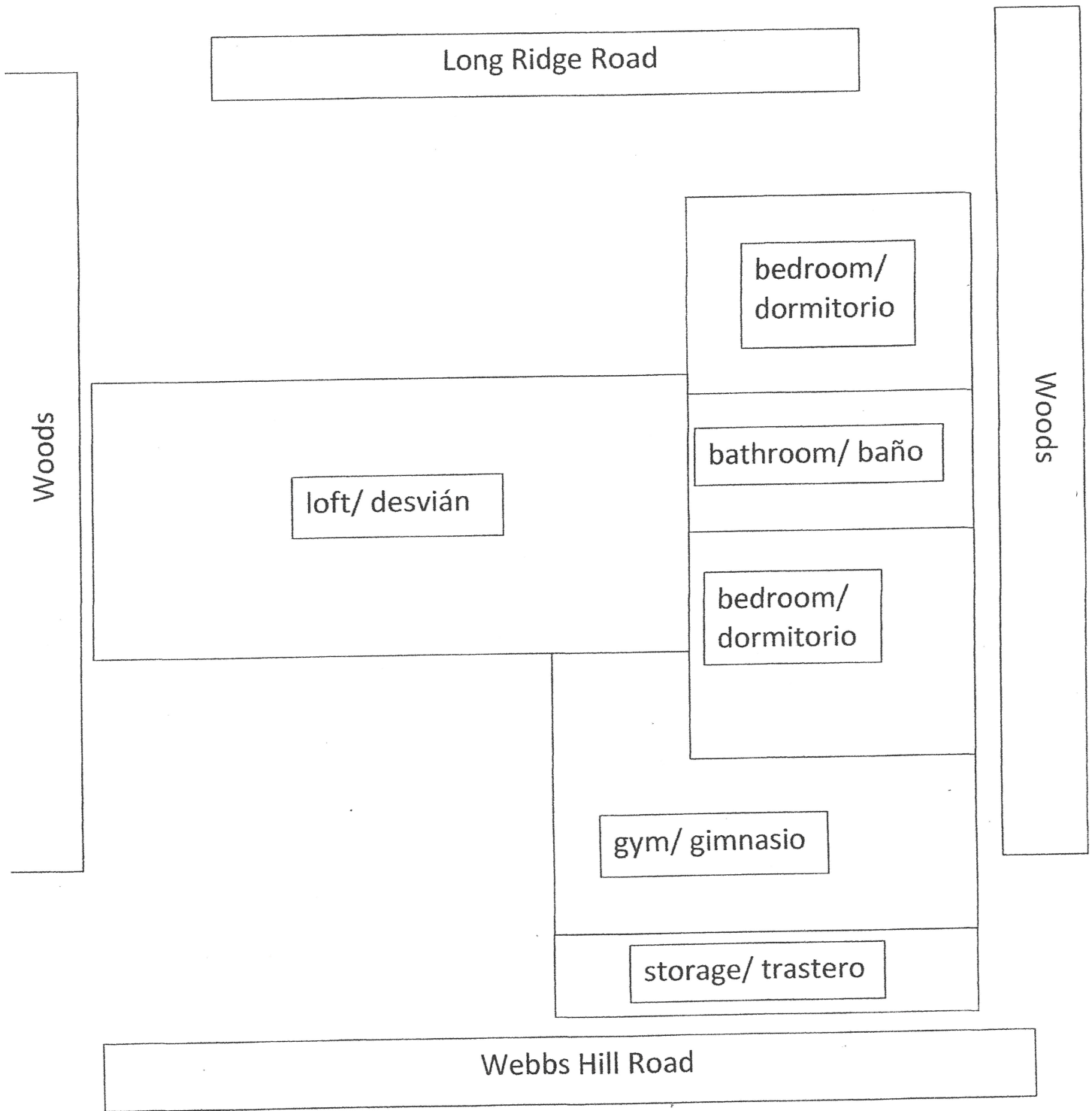


Webbs Hill Road

Main Level

#017-21

Evacuation plan/ plan de evacuación



Top Level

#017-21