## CITY OF STAMFORD ZONING BOARD OF APPEALS

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:	
58 OGDEN ROAD 06905 street zip code	
Property is located on the north() south() east() west() side of the street.	
Block: 352 Zone: R75 Sewered Property (Vyes () 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: JASON LORUSS O	_
Address of Owner: 75 HIDDEN BROOK DRIVE Zip 06907	_
Applicant_Name: JASON LORUSSO	_
Address of Applicant 75 HIDDEN BROOK DRIVE Zip 06907	
Agent Name:	
Address of Agent: Zip	
EMAIL ADDRESS: <u>JLOROSSO1994@ GMATL.COM</u> (Must be provided to receive comments from letters of referral)	
Telephone # of Agent Telephone # of Owner 203 564-6514	
(CONTACT IS MADE WITH AGENT, IF ONE)	

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

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B. Explain why the variance(s) is/are the minimum necessary to afford relief:
EXISTING HOUSE IS LOCATED 4 FEET INTO SET BACK, NO
CHANGE OF IF I GO UP ON EXISTING 15T FLOOR. HOUSE WAS BUILT IN THE 30'S PRE DATING CONING REGULATIONS BY ZO YOU. Explain why granting of the variance(s) would not be injurious to the neighborhood.
THE ADDITION OF A SELOND FLOOR IS INKEEPING WITH MY
NETCHBOR HOOD, AND IS SIMPLAR TO ALL OTHER HOMES ON THE STREE SPECIAL PERMIT NECCHBORS HAVE ASKED FOR THIS EXACT VARIANCE ON (Complete this section only for special exceptions) ROAD SEFORE, AND HAVE, BEEN APPROVED ALL
SPECIAL EXCEPTION is requested as authorized by Section(s)  of the Zoning Regulations.  Provide details of what is being sought:
MOTOR VEHICLE APPLICATIONS (Complete this section only for Motor Vehicle/Service Dealers Applications) Provide details of what is being sought.
SIGNATURE REQUIRED FOR ALL APPLICATIONS
Signature of : ( )Agent ( ) Applicant ( )Owner
Signature of : ( )Agent ( ) Applicant ( )Owner  Date Filed:

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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:

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# CITY OF STAMFORD ZONING BOARD OF APPEALS

#### **APPLICATION PACKET**

Board Members
Claire D. Friedlander, Chair
John A. Sedlak
Mary Savage
Nino Antonelli
Joseph Pigott

Alternate
Ernest Matarasso
Matthew Tripolitsiotis
Lauren Jacobson

Land Use Administrative Assistant Mary Judge

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

/\$\subsetember BMITTAL DATE
Zoning Enforcement: Date: 5/19/24
Is the project situated in the coastal boundary? Yes ( ) No ( )
Is the project exempt from the coastal regulation?  Yes ( ) Exemption #No ( ) N/A ( )
Environmental Protection: Date:
CAM Review by: Zoning Board ZBA

