

# Town of Washington Zoning Commission

## Special Permit Application

A Special Permit is required for specific uses as listed in the Zoning Regulations for each Zoning district.

Address of Proposed Use: 16 West Mountain Road, Washington, CT 06793

Name and Mailing Address of Property Owner:

Jay Rossi's 16 West Mountain Road, Washington, CT 06793

Name and contact information for authorized agent (if applicable – attach letter of authorization):

Application is for (Check One):

**New Special Permit - Fee: \$150**

Proposed Use: Convert a garage into a guest house (detached)

Zoning Regulation Section: 4.4.8 Accessory Apartment - detached

Zoning District: \_\_\_\_\_ Historic District: yes no

\_\_\_\_\_ Attach a written statement with a Description of the Proposed Use. For new buildings include information such as the height and dimensions, for new businesses: type of business, hours of operation, number of employees, square footage of business area, etc. Also attach description of how the proposed use complies with each of the requirements of the specific special permit section listed above.

\_\_\_\_\_ Attach site plan or survey map showing location of proposed or existing building, location of septic system, distance from each boundary line and from the septic system to the proposed structure, parking spaces, etc.

\_\_\_\_\_ Attach a floor plan.

**\*\*\*ALL PLANS/MAPS MUST BE FOLDED TO FIT IN LEGAL SIZE FOLDER\*\*\***

\_\_\_\_\_ **Modification of an existing Special Permit – Fee \$50**

Approved Use: \_\_\_\_\_

Zoning Regulation Section: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

\_\_\_\_\_ Attach a written description of the proposed revision and why it is needed.

\_\_\_\_\_ Attach a site plan or survey map showing the location of the proposed revision with distances to property lines, well and septic system

\_\_\_\_\_ Attach a revised floor plan, if applicable

**\*\*\*ALL PLANS/MAPS MUST BE FOLDED TO FIT IN LEGAL SIZE FOLDER\*\*\***

Also required for ALL applications:

  x   Health Department Approval: Health Department Agent Sign-off Date:   5-19-2021  

       Application fee as listed above plus \$60 State Tax – Check payable to Town of Washington

  n/a   Letter of Authorization signed by the property owner if he will be represented by an agent

  x   Signed Mandatory Land Use Pre-Application Form re: Conservation Easements

  n/a   Proof of Inland Wetlands Commission approval, if applicable

  n/a   Proof of Zoning Board of Appeals approval and filing on the Land Records, if applicable

  n/a   Proof of Historic District Certificate of Appropriateness, if applicable

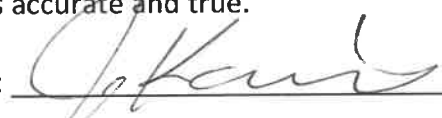
  x   Driveway sign-off from the First Selectman, if applicable

Site plans and sketch plans shall meet the standards listed in Section 14 of the Zoning Regulations

Additional documentation may be required depending on proposed use.

This application must be submitted to the Land Use Office.

The Undersigned hereby certifies that the information provided in this application, including its supporting documentation, is accurate and true.

Signature of Property Owner:  Date: 6/1/21

Telephone Number: 917-941-0442 Email Address: JAY.KASSIS@GMAIL.COM

**\*\*\*UNFOLDED PLANS/MAPS WILL NOT BE ACCEPTED\*\*\***

FOR OFFICE USE:

Received by: S. White Date: 6-2-21

Amount Paid: 150<sup>-</sup> Check # 135 Date: 6-1-21 Written by: J. KASSIS

Scanned \_\_\_\_\_ Building \_\_\_\_\_ Index \_\_\_\_\_

# TOWN OF WASHINGTON

## MANDATORY LAND USE PRE-APPLICATION FORM

**This form is required for all health, wetlands, zoning, planning, and building applications except for interior or exterior work on existing buildings, which in no way expands or alters the footprint.**

No planning, zoning, inland wetlands and watercourses, or historic district commission; health department; building; or zoning board of appeals application for a permit may be filed until the holder(s) of any conservation restriction or preservation restriction on the subject property has been notified. Please see the State legislation in its entirety, reprinted for your convenience on the reverse of this form, Public Act 05-124, Effective October 1, 2005.

**Provide the legal name of the property owner(s) and the street address of the property for which one of the above applications will be submitted, then complete either section A or B below.**

Property Owner(s) of Record Jay Kassis & Cynthia E. Ueda Kassis

Subject Property Address 16 West Mountain Road, Washington, CT 06793

**A. I hereby certify that *there are no* conservation easements or restriction, nor any preservation restrictions on the above-referenced property.**

Signature of Property Owner [Signature] Date 4/29/21

Signature of Property Owner [Signature] Date 4/28/21

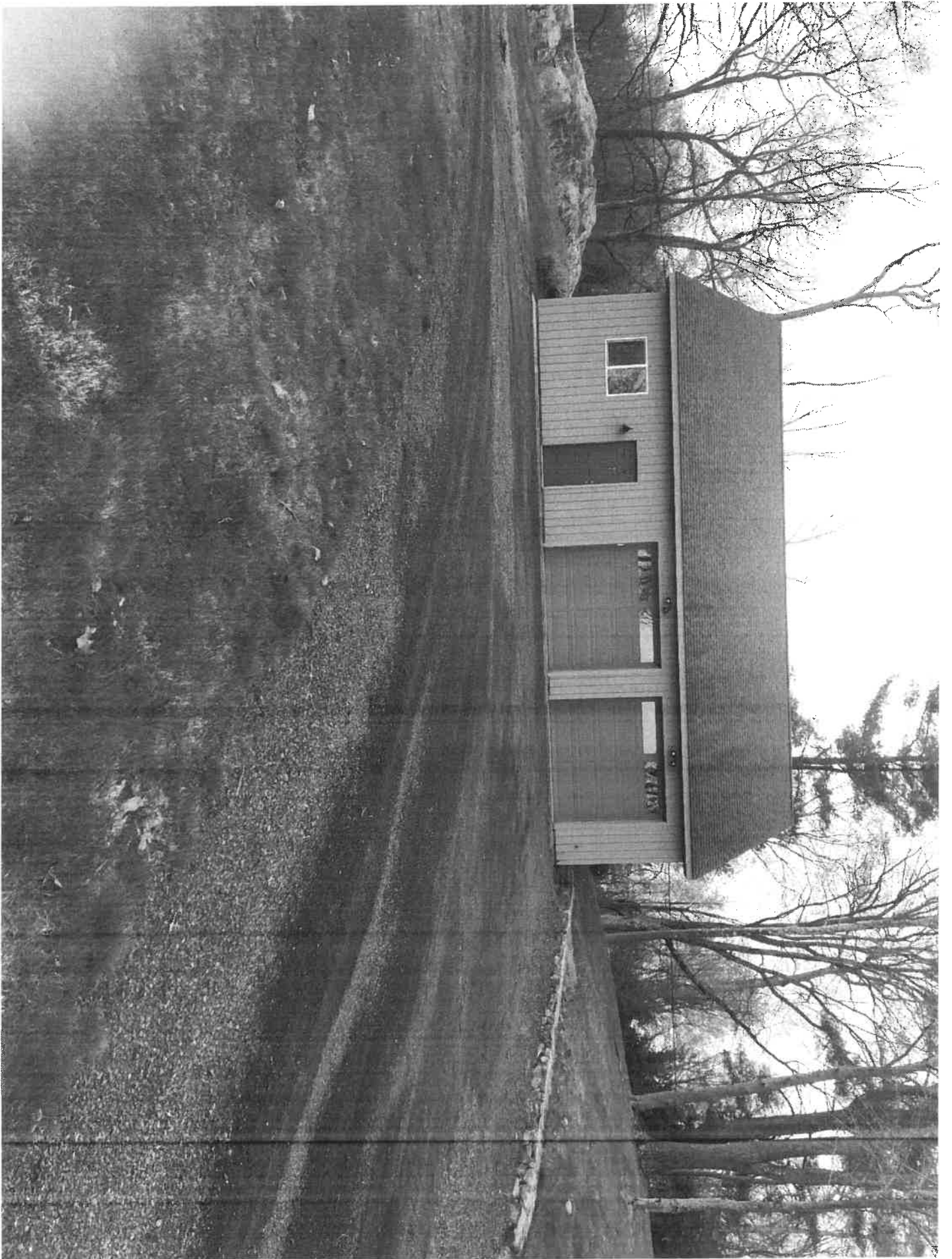
**B. *There are* conservation easements or restriction, or preservation restrictions on the above-referenced property.**

The name of the easement or restriction holder is \_\_\_\_\_

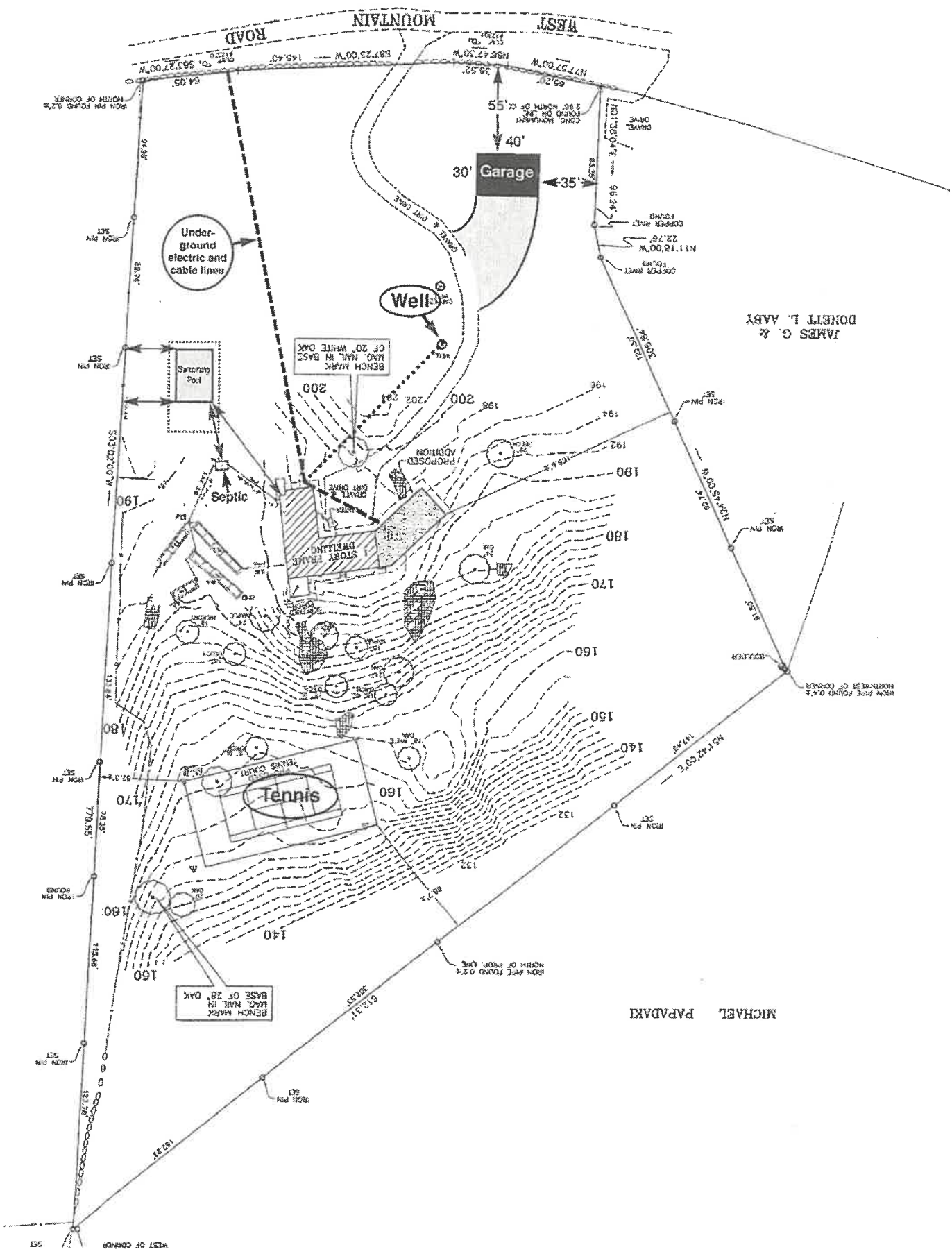
The phone number of the easement or restriction holder is \_\_\_\_\_

You must obtain and attach one of the following:

- (1) proof that the easement or restriction holder was notified not less than 60 days in advance of the application by certified mail, return receipt requested, of the property owner's intent to apply for a planning, zoning, inland wetlands and watercourses, or historic district commission; health department; building; or zoning board of appeals permit, *or*
- (2) a letter from the easement or restriction holder verifying that the application is in compliance with the terms of the easement or restriction.





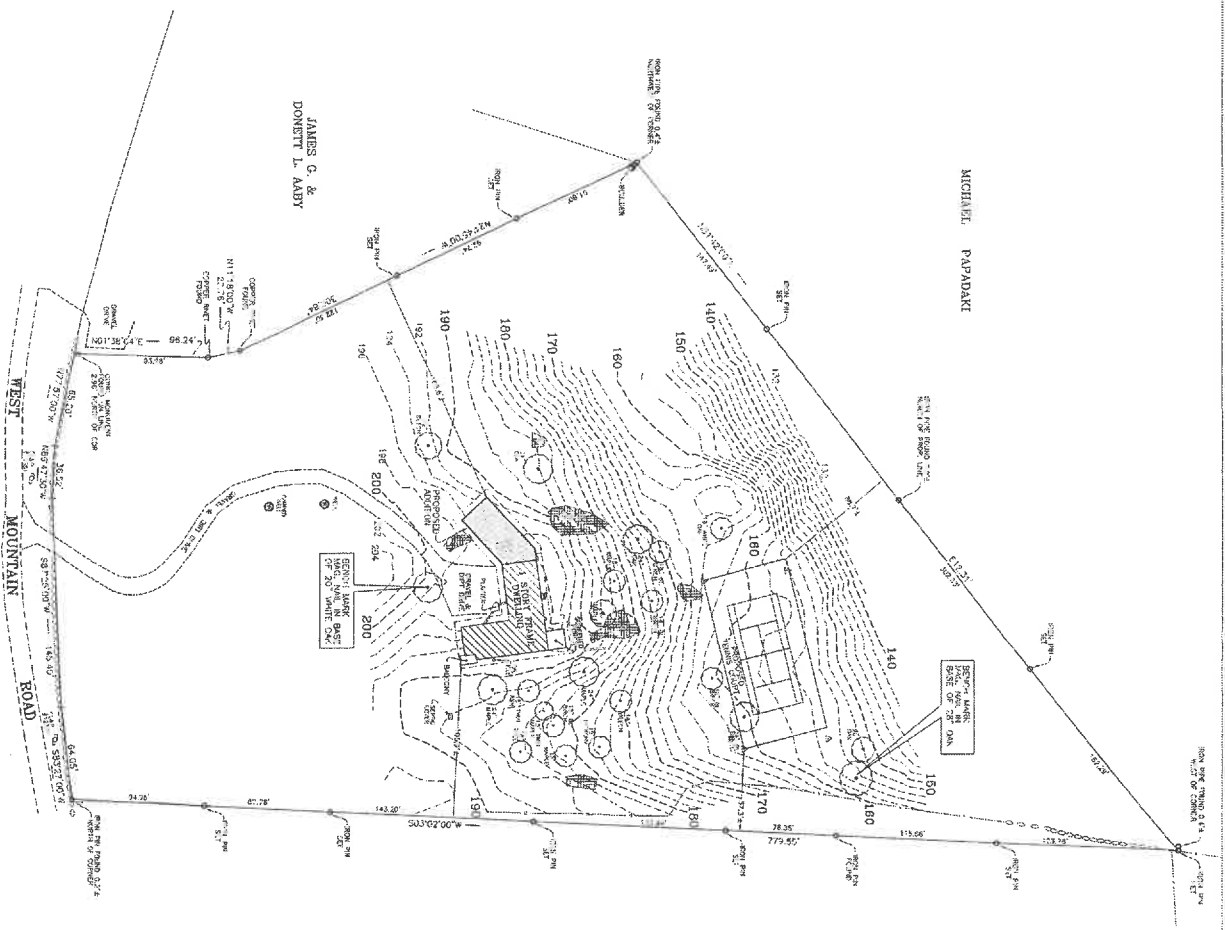


Submitted  
6-1-2021

TO THE KNOWLEDGE AND BELIEF OF THE SURVEYOR, THE BOUNDARIES SHOWN ON THIS MAP ARE CORRECT TO THE BEST OF HIS ABILITY AND ACCORDING TO THE INFORMATION FURNISHED TO HIM BY THE CLIENT.

*David C. Rawlin*  
 David C. Rawlin, L.S.  
 200 N. FARMINGTON & ASSOCIATES  
 200 N. FARMINGTON ST., NEW HAVEN, CT 06510  
 TEL: 860-526-1231 FAX: 860-526-1859

- LEGEND**
- STONE WALL
  - PAV. DRIVE
  - WIRE FENCE
  - UTILITY POLE
  - LENE



JAMES G. &  
 DONNETT L. AABY

WALTER L. JOHNSON, III

- NOTES**
1. THIS SURVEY WAS MADE AND ALL DATA OBTAINED BY THE SURVEYOR IN ACCORDANCE WITH THE REQUIREMENTS OF THE STATE OF CONNECTICUT AND THE NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS.
  2. REFER TO THE PLAN FOR THE SURVEYING LINE EXTENSION.
  3. REFER TO THE PLAN FOR THE SURVEYING LINE EXTENSION.
  4. TYPICAL DATA ASSUMED



**PROPERTY SURVEY**  
 PREPARED FOR  
**JAY GEORGES KASSIS**  
 AND  
**CYNTHIA E. URDA KASSIS**  
 WASHINGTON, CONNECTICUT  
 SCALE: 1" = 40'  
 MAY 6, 2010  
 AREA = 235,689± SQ. FT. 5.411 ACRES  
 GRAPHIC SCALE







Property Address:  
16 West Mountaoin Road, Washington, CT 06793

Owner's Name:  
Jay Kassis & Cynthia E. Urda Kassis

Date of Drawing:  
From the internet

Scale:  
Not to scale

Property boundaries:  
Enclosed map

Areage of property:  
6.5 acres

North Arrow:  
Enclosed map

Location of existing structure:  
Enclosed map

Use of Structure:  
Guest House

Driveways, Parking:  
Enclosed map

Location of utility Pole:  
Enclosed map

Front, rear, side setback:  
Enclosed map

Setback from Wetland:  
No Wetland

Water supply:  
From Main House. approximately 250 feet

Septic with distances:  
Sanitarian map

Elevation:  
NA