

# 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: 23 Ferry Bridge Road

Name and Mailing Address of Property Owner:

Barbara Shattuck Kohn, 23 Ferry Bridge Road, Washington, CT 06793

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

Reese Owens, Reese Owens Architects, 860-868-4000, rowens@reeseowens.com

Application is for (Check One):

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

Proposed Use: Accessory apartment, detached

Zoning Regulation Section: 13.11

Zoning District: R-1 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:

Health Department Approval: Health Department Agent Sign-off Date: \_\_\_\_\_

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

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

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

\_\_\_\_ Proof of Inland Wetlands Commission approval, if applicable

\_\_\_\_ Proof of Zoning Board of Appeals approval and filing on the Land Records, if applicable

\_\_\_\_ Proof of Historic District Certificate of Appropriateness, if applicable

\_\_\_\_ 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: X Pauline Shattuck/Kohn Date: X 10-20-21

Telephone Number: X 860-868-9460 Email Address: X bskohn25@gmail.com  
**\*\*\*UNFOLDED PLANS/MAPS WILL NOT BE ACCEPTED\*\*\***

FOR OFFICE USE:

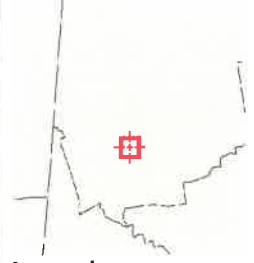
Received by: S. White Date: 10-20-21

Amount Paid: 210 Check # 23962 Date: 10/19/21 Written by: R. Owens Arch.

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



Overview



Legend

-  Parcels
-  Roads
-  City Labels

<b>Parcel ID</b>	1815	<b>Alternate ID</b>	c0f163fa-fd85-4a	<b>Owner Address</b>	KOHN BARBARA SHATTUCK TTE
<b>Sec/Twp/Rng</b>	n/a	<b>Class</b>	Residential		23 FERRY BRIDGE RD
<b>Property Address</b>	23 FERRY BRIDGE RD	<b>Acreage</b>	6.28		WASHINGTON, CT 06793
<b>District</b>	n/a				
<b>Brief Tax Description</b>	n/a				

(Note: Not to be used on legal documents)

Date created: 10/20/2021  
 Last Data Uploaded: 10/19/2021 8:22:32 PM

Developed by  Schneider  
 GEOSPATIAL

# REESE OWENS ARCHITECTS LLC

18 October 2021

Mr. Nicholas Solley, Chairman  
Zoning Commission  
Town of Washington  
2 Bryan Plaza  
Washington Depot, CT 06794

Re: **23 Ferry Bridge Road – Accessory Apartment, Detached**

Dear Mr. Solley,

With this application, a Special Permit is sought per Section 13.11.3 Accessory Apartment, Detached to allow a single-story apartment at 23 Ferry Bridge Road. This request is made on behalf of Barbara and Gene Kohn. The Kohns have authorized me to act as their agent.

23 Ferry Bridge is a 6.28-acre property currently improved with a single-family dwelling, detached garage, swimming pool, tennis court, miscellaneous hardscape elements and equipment pads. The proposed structure will attach to the existing detached garage, shown here:



## **Special Permit Standards**

**13.1.C.1** Washington's 2014 PoCD identifies goals to diversify the housing stock. The detached accessory apartment creates desired small-scale housing.

T 860.868.4000

18 Titus Road, Box 410, Washington Depot, Connecticut 06794

[www.reeseowens.com](http://www.reeseowens.com)

## REESE OWENS ARCHITECTS LLC

- 13.1.C.2** The proposed size and scale is the same character as the existing carriage house and in keeping with the neighborhood.
- 13.1.C.3** No change is proposed which would hinder fire department or other emergency service access to the existing property or the proposed apartment.
- 13.1.C.4** No change is proposed to existing driveway access from Ferry Bridge Road or to existing parking.
- 13.1.C.5** 23 Ferry Bridge is 6.28 acres. The adjacent parcel to the east at 23 Roxbury Road is 1.73 acres, also owned by the applicant. The nearest structure to the proposal is The Frederick Gunn School's looming boundary wall along Ferry Bridge Road, 150' away.
- 13.1.C.6** Mature landscaping and natural buffers are in place on the property.
- 13.1.C.7** No activities are proposed within regulated wetland areas, nor are any material changes proposed to topography or drainage.
- 13.1.C.8** No nuisance conditions are proposed.
- 13.1.C.9** Any blasting or earth or rock removal, if required, will be incidental and will comply with the Regulations.

### **Standards Specific to the Use**

- 13.11.3.A** Only one detached accessory apartment is proposed.
- 13.11.3.B** The owner shall reside on the property throughout the duration of the permit for the accessory apartment.
- 13.11.3.C** The proposed accessory apartment includes its own kitchen and full bath.
- 13.11.3.D** The Health Department has approved the existing water supply and proposed septic system for the proposed accessory apartment.
- 13.11.3.E&F** Area of the proposed accessory apartment is 1,040 square feet.
- 13.11.3.G** The footprint of the primary residence is 3,588sf, approximately three times the size of the proposed apartment. Height of the proposed apartment is slightly more than half the height of the primary residence.
- 13.11.3.H&I** The existing residence and proposed apartment share an existing driveway. There are several parking spaces at the existing residence and garage.

- Lighting** **14.3.L** Exterior lighting at the proposed apartment will comply with Section 12.15.

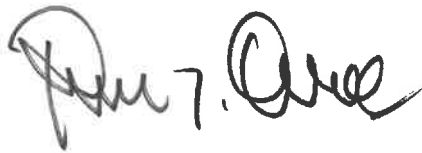
## REESE OWENS ARCHITECTS LLC

The proposal is in compliance with dimensional requirements as follows:

- With the proposed structure, lot coverage is 9.46%, subject to confirmation from T. Michael Alex LLS.
- It does not encroach on required setbacks.
- Total Vertical Height does not exceed 26'.

Thank you for your consideration of this application. We are eager to meet with your Commission to answer any questions you may have.

Respectfully submitted on behalf of Barbara and Gene Kohn.

A handwritten signature in black ink, appearing to read "Reese Owens". The signature is fluid and cursive, with the first name "Reese" written in a larger, more prominent script than the last name "Owens".

Reese Owens  
Reese Owens Architects LLC

New Milford Health Department  
10 Main Street – Town Hall  
New Milford, CT 06776  
telephone: (860) 355-6035

TO: BRIAN NEFF P.E.  
FR: SUZANNE VON HOLT, SANITARIAN, P.S.

Date: 9-2-21  
Signed: Suzanne Von Holt

RE: Review of Engineering Plan for Subsurface Sewage Disposal System located at:  
23 FERRY BRIDGE ROAD - WASHINGTON - GUEST HOUSE

Engineer: BRIAN NEFF, P.E.

Date Received: 8-25-21

REASON FOR SUBMISSION:

- |   |  |
|---|--|
| <input type="checkbox"/> Minimum percolation rate poorer than 30 minutes/inch | <input checked="" type="checkbox"/> New Construction |
| <input type="checkbox"/> High maximum ground water level                      | <input type="checkbox"/> Shallow ledge rock          |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Repair                      |

DESIGN SPECIFICATIONS:

No. of bedrooms 1  
Septic Tank 1000 gals.  
Fill system 0 feet

Design percolation rate 1.0-1 minutes/inch  
Leaching system: 30" HIGH GALERIES  
Curtain drain NA

ACTION:

- Approval.
- Approval with provisions noted below.
- Conditional approval subject to provisions noted below.
- No action at this time. Design plan is acceptable. No approval can be issued until site conditions meet the requirements of the Connecticut Public Health Code.
- Approval denied. Site unsuitable for sewage disposal.
- Approval denied. Insufficient information on plan. Revise as noted and resubmit.
- Approval denied. Further site investigation required.

COMMENTS:

Note: This system does not provide for water softener discharges OR kitchen garbage grinders.

1. ENGINEER TO TAKE ACCOMPANIMENT OF THE SEPTIC SYSTEM.
2. ENGINEER TO SUBMIT AN AS-BUILT TO THE HEALTH DEPT.

# Town of Washington Zoning Commission

## Agent Authorization Letter

I (print property owner name) Barbara Shattuck Kohn of (print property address) 23 Ferry Bridge Rd.  
   authorize (print contractor name) Reese Owens to apply for all  
permits regarding (describe work below)

Proposed detached accessory apartment.

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Signed,

x Barbara Shattuck Kohn

Date: 10/18/21



# 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 Barbara Shattuck Kohn

Subject Property Address 23 Ferry Bridge Rd.

**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 X *Barbara Shattuck Kohn* Date X *10/18/21*

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

**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.

18 October 2021

Mr. Nicholas Solley, Chairman  
Zoning Commission  
Town of Washington  
2 Bryan Plaza  
Washington Depot, CT 06794

Re: 23 Ferry Bridge Road - Special Permit Application for Detached Accessory Apartment

Dear Mr. Solley,

In connection with our application for a Special Permit per Section 13.11.3 Accessory Apartment, Detached to construct a 1200 sf apartment at 23 Ferry Bridge Road, please accept this letter as our assurance that we will reside on the property throughout the duration of the permit as required by Section 13.11.3.b.

Best regards,

  
Barbara Shattuck Kohn

REESE OWENS ARCHITECTS LLC  
18 TITUS ROAD P.O. BOX 410 • WASHINGTON DEPOT, CT 06794

23962

Pay To Town of Washington

Check Total: \$210.00

10/19/2021

Invoice No.	Invoice Date	Invoice Amount	Amount Due	Discount	Apply	Balance
10192021	10/19/2021	210.00	210.00	0.00	210.00	0.00

REUSE OWENS ARCHITECTS LLC  
18 TITUS ROAD P.O. BOX 410  
WASHINGTON DEPOT, CT 06794

Union Savings Bank  
51-7224/2211

Two Hundred Ten and 00/100 Dollars

Town of Washington  
PO Box 383  
Washington, CT 06794

DATE: 10/19/2021  
AMOUNT: \$210.00

REESE OWENS ARCHITECTS LLC  
*Paul I. Owen*  
AUTHORIZED SIGNATURE

11010 23962 11 2211722411 518076 0111

Security features. Details on back.