

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: 43 Revore Rd

Name and Mailing Address of Property Owner:
Matt Cain 43 Revore Rd Washington CT

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: Detached Accessory Apartment

Zoning Regulation Section: 12.5 + 13.1 13.11.3

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.

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

Also required for ALL applications:

Health Department Approval: on file s/o by A.J. Cresci Date: 8-17-22
Signature of Health Department Agent

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

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

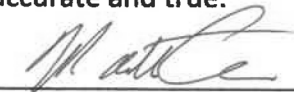
n/a Driveway sing-off from the First Selectman, if applicable

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: 8-10-22

Telephone Number: 860 868 3456 Email Address: mwcairn@gmail.com

FOR OFFICE USE:

Received by: _____ Date: _____

Amount Paid: 60 150 Check # 2059 2058 Date: 8-11-22 Written by: Mathew Cain

Scanned _____ Building _____ Index _____

Matt Cain and Amy Dyer

43 Revere Road

Application for Detached Accessory Apartment

We have a two car garage with a maker space and deck in the rear, plus an office, bathroom and storage room on the second floor. The structure caught fire in late July 2022.

Part or all the structure needs to be rebuilt and we would like to make the upstairs a detached accessory apartment. Our daughter and her fiancé, currently living in Providence RI, would live there.

The structure would keep the same concrete footprint. A 16x27 shed roof -- sitting on sonotubes with a gravel floor -- would be added to the right side of the structure to accommodate three cars. The shed car park will be enclosed at the two ends, but the front will be open – no garage doors. The three spaces will accommodate Alden, Brian, and Cassius, who lives in the house with us.

Depending on the final configuration of the roofline, the height may be raised from the current 19-8 feet to 21 feet.

The square footage of the DAA would be 1004 sq feet.

The ground floor area and volume of the accessory apartment is considerably less than 75% of the ground floor area and volume of the principal building.

The DAA supports the objectives of the plan of conservation by supplying affordable housing for young people.

The architecture and siding of the DAA structure has been designed to be compatible with the existing home.

There is adequate access for fire protection and other emergency services.

There will be no alterations to current traffic patterns.

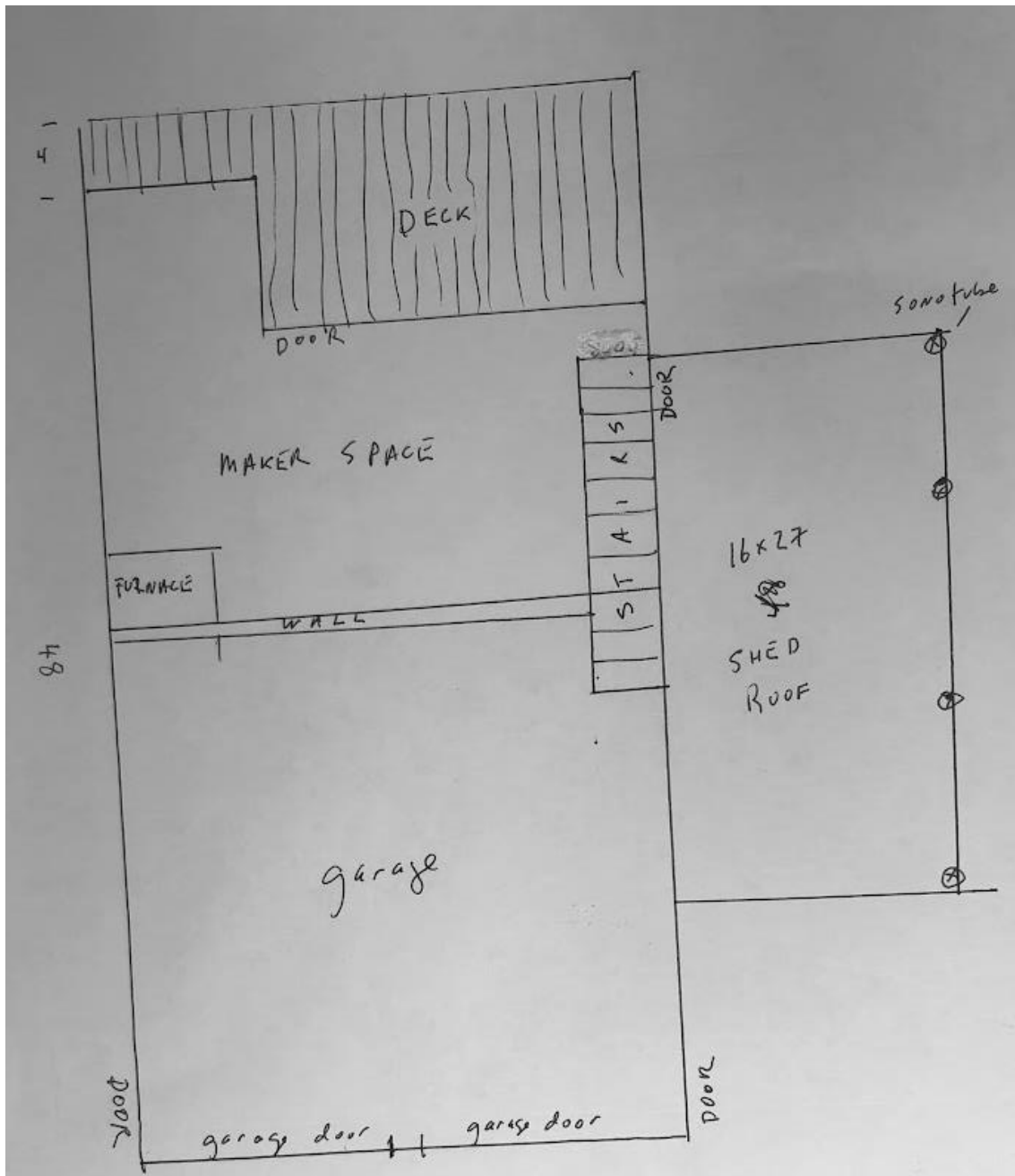
The DAA structure is not visible to neighbors and will be landscaped to fit harmoniously into the property, while respecting all environmental constructs.

The DAA structure will not cause any nuisances.

There will be no blasting.

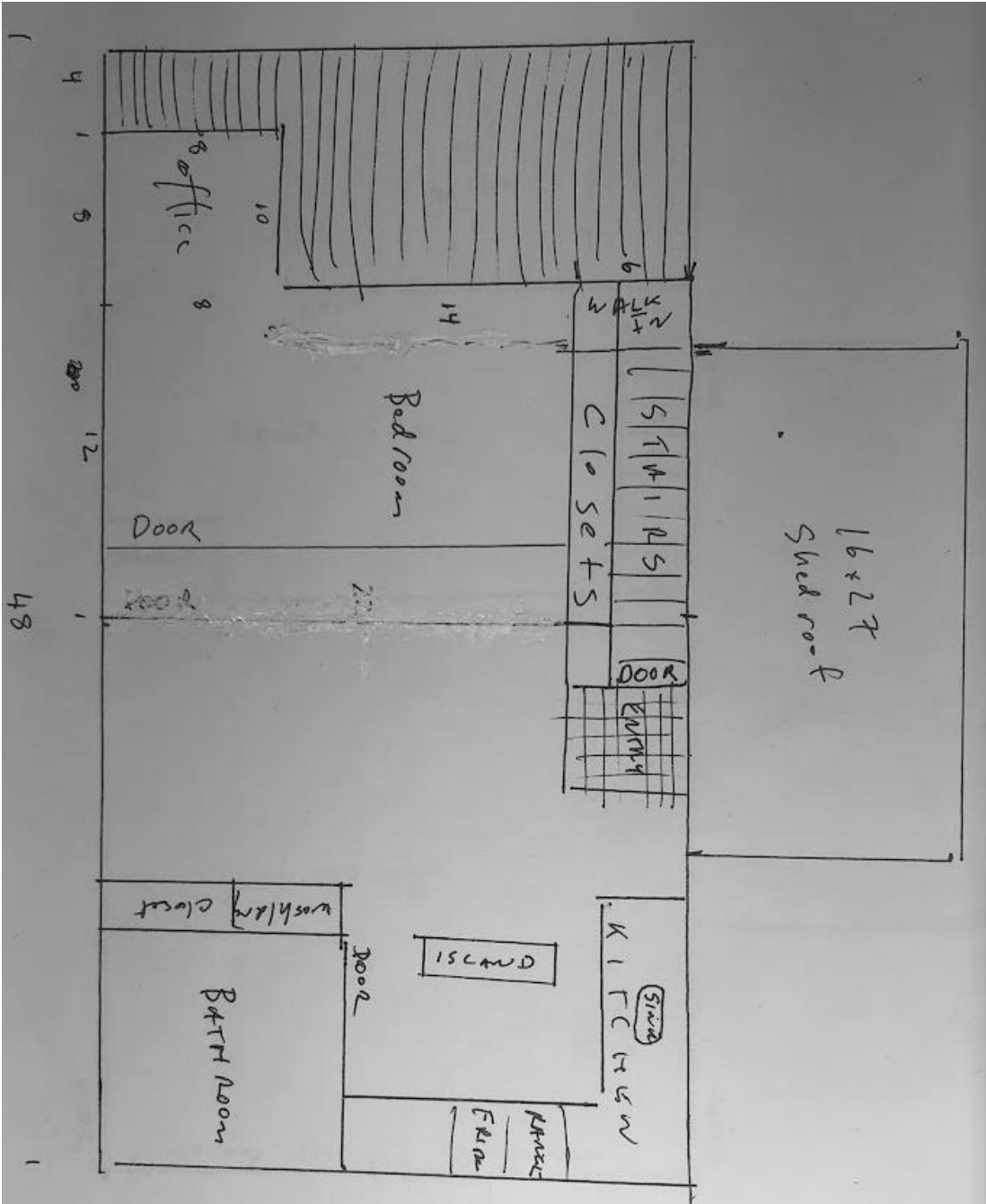
The DAA will have its own kitchen and bathroom, and two parking spaces. It will use the existing driveway.

We will reside on the property throughout the duration of the detached accessory apartment.



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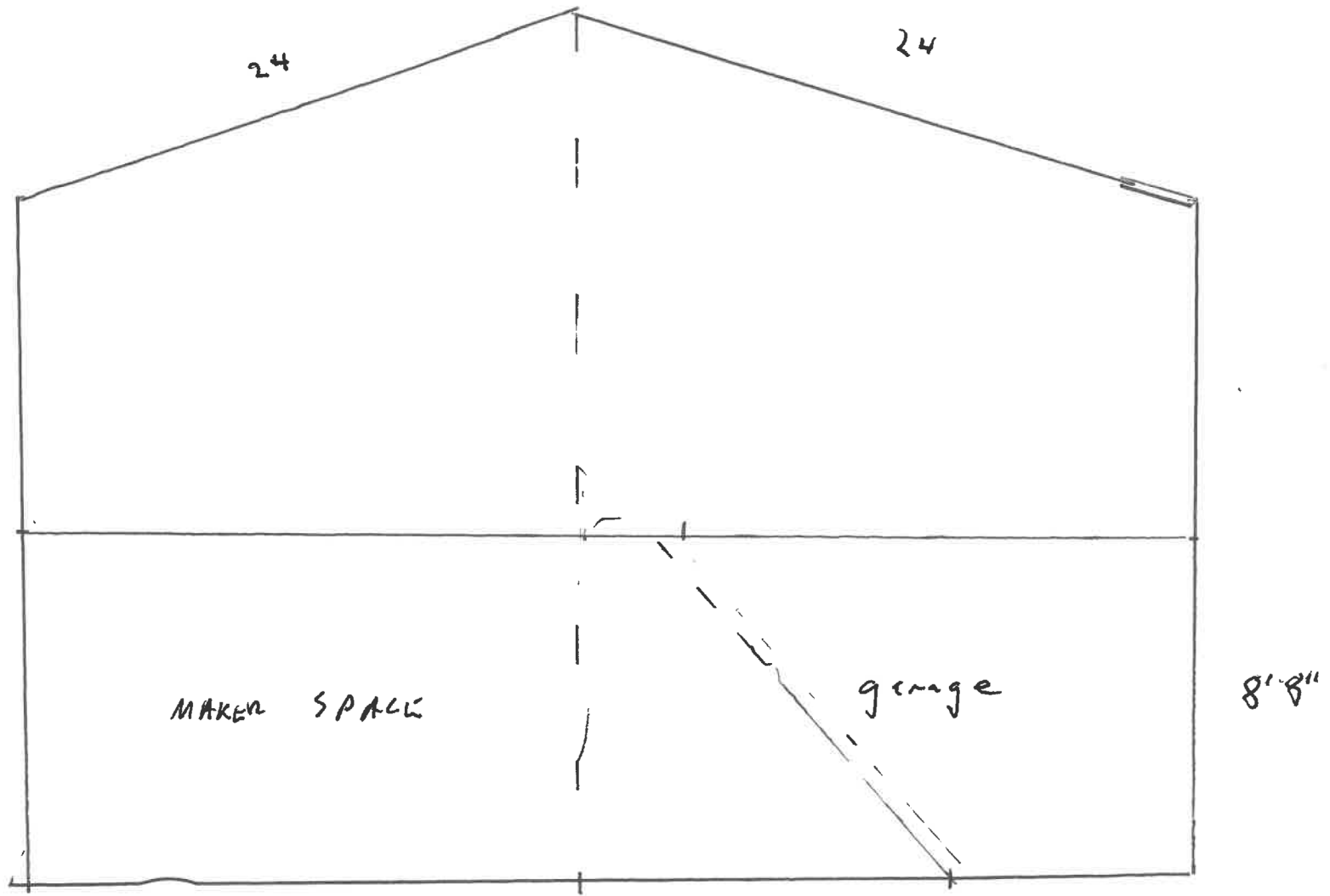
Matt Cain
 43 Revere Rd
 DAA Application 8-22
 1st Floor



MATT CAIN
 43 River Rd
 DAA application 8-22-22
 2nd Floor

I, Matt Cain, will reside on the property throughout the duration of the detached accessory apartment.

A handwritten signature in black ink, appearing to read "Matt Cain". The signature is written in a cursive style with a large, sweeping initial "M".



36" chix BR wall height
 76' - 6'-4" home face side

$$\frac{36}{76} \times 48 = 9'-4" - 56 = \frac{1}{2} = 4'-8" = \text{WANT} - 5'-8"$$

4'-8" (104) calc 1
 109 top of door

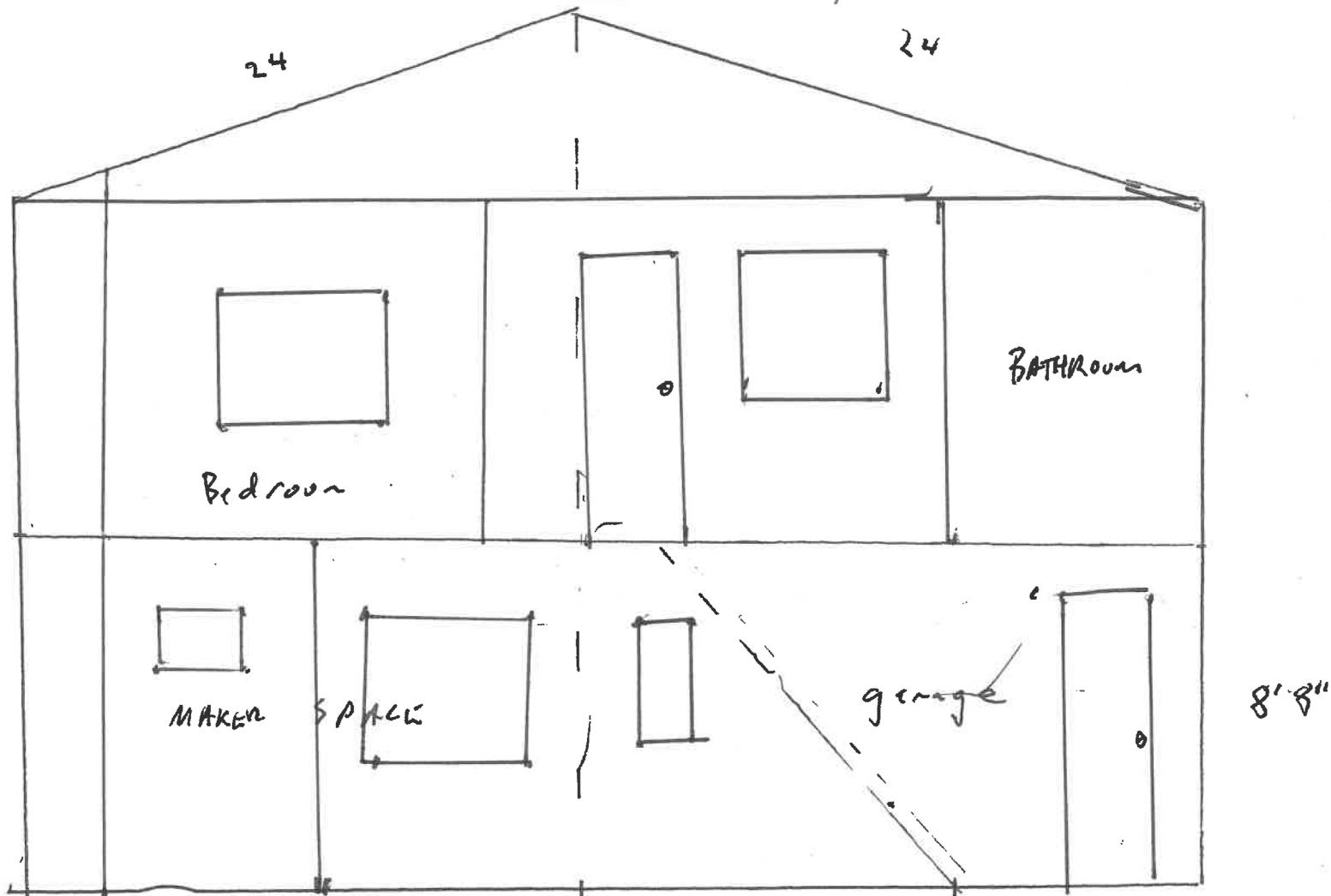


Garage prior to the fire.



Main house

height 19' 8" to 21'
 Square feet = 1004

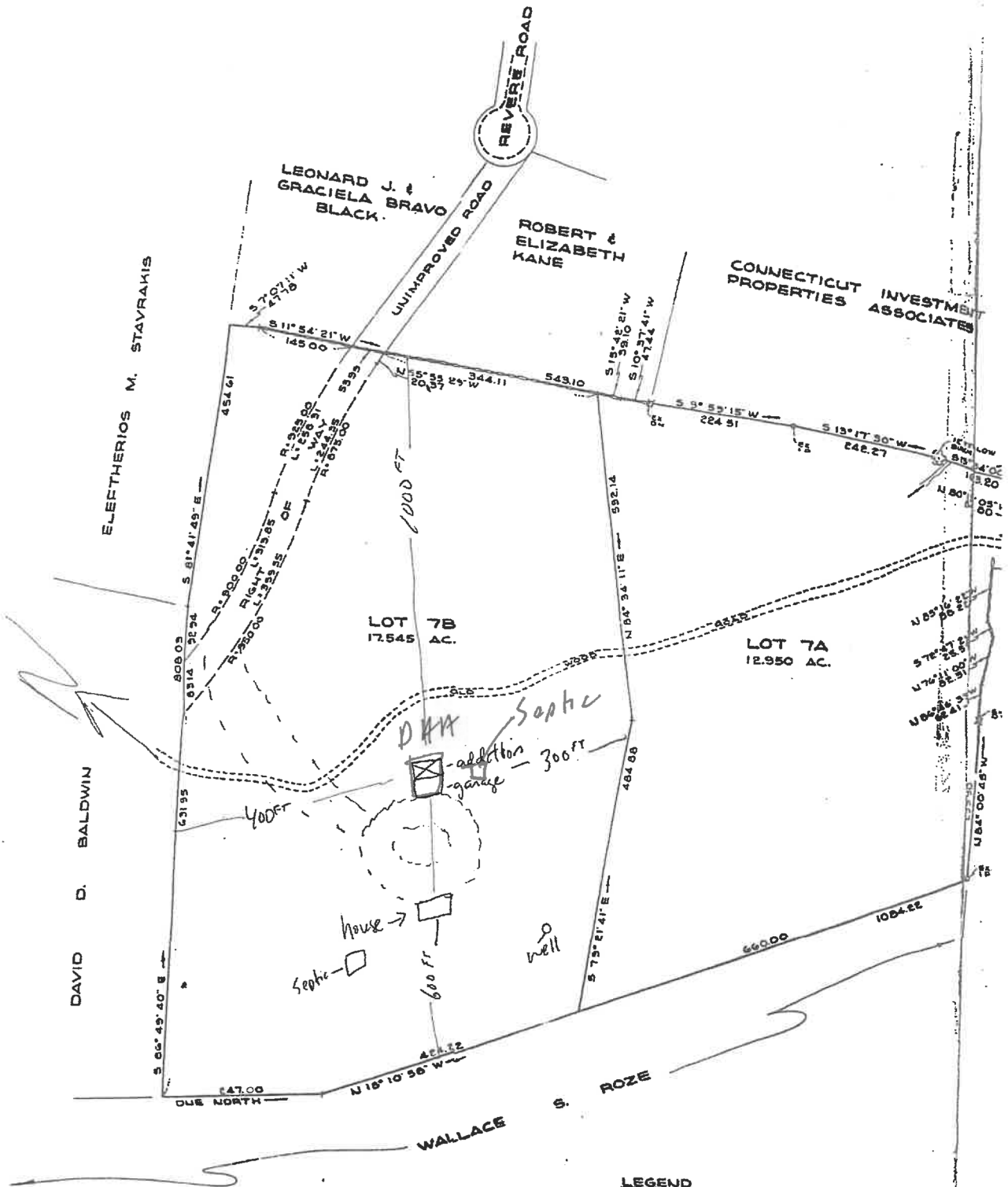


(Same side of building as photo)

36" Chick BR wall height
 76' - 2' - 4" home face side

$$\frac{36}{76} = \frac{48}{112} = 9'-4" - 56 = \frac{1}{2} = 4'-6" = \text{height} - 5'8"$$

4-8 (104) calc
 1004 - 1000 = 4



Matt Cain
 43 Revere Rd
 App for detached accessory apartment
 which is the second floor of the garage

Town of Washington

Housatonic Valley Health District

Bryan Memorial Town Hall – P.O. Box 383
Washington Depot, CT 06794
Telephone: (860)-868-0423 Fax: (860)- 868-2819

Application for Approval for Building Addition/Conversion

Name of Owner: Matt Cain Phone: 860 868 3456
Location of Property: 43 Kevere Rd Applicant Phone: 860 868 3456
Assessor Map: 027# Block 10 Lot 34
Name of Applicant: _____ Email: mwcaim@gmail.com
(If different from owner)
Property is: Residential: Commercial: _____ Commercial Use: _____

Type of Proposal (check all that apply)

Please Refer to the Fee Schedule to Determine the Appropriate Fee

The Fee Schedule is Posted on washingtonct.org Under the Health Department Section of the Website.

All applications must be accompanied by plans which show the location of septic, well, and floor plans when applicable.

Incomplete submissions will be returned.

Change of Use/Conversion Review:

Project Description:

Change 2nd floor office storeroom
to a detached accessory apartment

Detached Structure:

Please see "Septic Application for Plan Approval and Permit to Construct" for all proposals that include the construction of a new livable structure.

Barn Garage Shed Pool House Other: Separate Septic
already installed

Plumbing? Yes No If yes, wastewater discharged into: _____

Generator:

Size of Pad: _____ x _____ feet Propane tank(s) already in place? Yes No

Pool:

Please include pool equipment and new patios/decks on plan.

Type of Pool: _____ In Ground: Above Ground: Size: _____ x _____ feet

Propane:

Location of Tank: _____ In Ground: Above Ground: Size: _____ gallons

Proposal Information

All fields are required.

Distance of proposal to: Well: 300 feet Septic Tank: 45 feet
Leaching Fields: 45 feet

Any sewage backups, overflows, or other problems noted with the existing septic system?

Yes No If Yes, Please Describe: _____

Is septic as-built available? Yes No

Will the proposal alter the building footprint? Yes No

If yes please fill out the following:

Existing Structure: _____ Square Feet. Number of Bedrooms: _____

Proposed: _____ Square Feet. Number of Bedrooms: _____

Signature of Applicant: [Signature] Date: 8/8/22

I certify that I am the owner or the owner's contractual representative and that the information above is accurate to the best of my knowledge

For Department of Health Use Only

Approved: 8/17/22 Inspector: [Signature]

Fee Paid: \$ 50,000 Check Number: 2057 Date Received: 8-9-22 Initial of Recipient: D.B.

Soil Testing Required? Engineer Plan Required? B100(a) Review Required?

Findings/Recommendations:
1 BR System on file