

16 May 2022

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

Re: **16 Old Litchfield Road – Accessory Apartment, Detached**

Dear Mr. Solley,

With this application, a Special Permit is sought per Section 13.11.2 of the Town of Washington Zoning Regulations for a detached accessory apartment at 16 Old Litchfield Road.

16 Old Litchfield Road is a 3.12-acre parcel improved with a single-family dwelling with attached garage, detached shed and swimming pool (permitted in 2021). Lot area is 136,001 square feet and existing lot coverage is 10,290 square feet, or 7.57%. Proposed lot coverage is 13,068 square feet, or 9.61%.

Total vertical height of the proposed accessory structure does not exceed 26'.

Special Permit Standards

- 13.1.C.1** Washington's 2014 PoCD identifies goals to diversify the housing stock, and enable a more diverse, younger population. The detached accessory apartment creates desired small-scale housing.
- 13.1.C.2** No change to the existing dwelling or its use is proposed. The proposed structure is in keeping with the neighborhood.
- 13.1.C.3** No change is proposed which would alter fire department or other emergency service access to the property.
- 13.1.C.4** No change is proposed to existing driveway access from Old Litchfield Road, or to existing parking.
- 13.1.C.5** 16 Old Litchfield Road is a 3.12-acre parcel with sufficient available lot area and setback clearance for the proposed structure.
- 13.1.C.6** Mature landscaping is existing on the property. The owners intend selective landscape screening to the south and west.
- 13.1.C.7** No activities are proposed within regulated wetland areas, nor are any material changes proposed to topography, vegetation or drainage.

13.1.C.8 No nuisance conditions are proposed. Any noise generating equipment at the proposed new structure will comply with the Regulations.

13.1.C.9 No blasting or earth or rock removal is proposed.

Standards Specific to the Use

13.11.3.A No accessory apartment exists on the property and 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 detached accessory apartment is equipped with its own kitchen and full bath.

13.11.3.D The Health Department has approved a septic system for the proposed detached accessory apartment. Water supply is to be drawn from the principal dwelling assuming this proves feasible, otherwise a new well will be installed.

13.11.3.E&F The finished Floor Area of the proposed detached accessory apartment is 1,200 square feet.

13.11.3.G The existing dwelling is a 2-1/2-story farmhouse with ground Floor Area of 1,777 square feet. The proposed detached accessory apartment is a 1-story freestanding structure with ground Floor Area of 1,200 square feet (68% of the principal structure). It is subordinate to, and smaller than, the principal dwelling, and complies with Section 12.5.2.

13.11.3.H&I The existing dwelling and proposed new structure share an existing driveway. There are several parking spaces at the existing dwelling.

Lighting **14.3.L** Exterior lighting at the proposed new structure will comply with Section 12.15.

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 Stephanie Unwin and James Thompson.

Reese Owens
Reese Owens Architects LLC

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 Old Litchfield Road

Name and Mailing Address of Property Owner:

Stephanie Unwin, 16 Old Litchfield Road, Washington, CT 06793

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

Reese Owens Architects, PO Box 410, Washington Depot, CT 06794

860-868-4000 rowens@reeseowens.com

Application is for (Check One):

New Special Permit - Fee: \$150

Proposed Use: Detached Accessory Apartment

Zoning Regulation Section: 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.

*****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: April 4, 2022

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

X 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

n/a 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: 5/17/22

Telephone Number: 917 513 1941

Email Address: Stephunwinlogmail.com

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

FOR OFFICE USE:

Received by: _____ Date: _____

Amount Paid: _____ Check # _____ Date: _____ Written by: _____

Scanned _____ Building _____ Index _____

16 May 2022

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

Re: **16 Old Litchfield Road – Accessory Apartment, Detached**

Dear Chairman Solley,

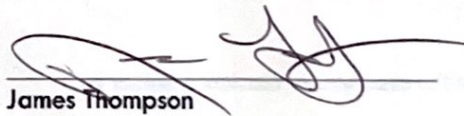
In reference to our application for a Special Permit, please consider this our assurance that we will reside on the property for the duration of the permit.

Thank you for your consideration.

Sincerely,



Stephanie Unwin



James Thompson

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 Stephanie Unwin, James Thompson

Subject Property Address 16 Old Litchfield Rd, Washington, UT 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 5/17/22

Signature of Property Owner [Signature] Date 5/17/22

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.



Substitute House Bill No. 6783

Public Act No. 05-124

AN ACT CONCERNING THE PRESERVATION AND USE OF AGRICULTURAL LANDS AND CONSERVATION AND PRESERVATION RESTRICTIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 47-42a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2005):

For the purposes of sections 47-42b and 47-42c and Section 2 of this act, the following definitions shall apply:

(a) "Conservation restriction" means a limitation, whether or not stated in the form of a restriction, easement, covenant or condition, in any deed, will or other instrument executed by or on behalf of the owner of the land described therein, including, but not limited to, the state or any political subdivision of the state, or in any order of taking such land whose purpose is to retain land or water areas predominantly in their natural, scenic or open condition or in agricultural, farming, forest or open space use.

(b) "Preservation restriction" means a limitation, whether or not stated in the form of a restriction, easement, covenant or condition, in any deed, will or other instrument executed by or on behalf of the owner of land, including, but not limited to, the state or any political subdivision of the state, or in any order of taking of such land whose purpose is to preserve historically significant structures or sites.

Section 2. (a) For purposes of this section, "state or local land use agency" includes, but is not limited to, a municipal planning commission, municipal zoning commission, combined municipal planning and zoning commission, a municipal zoning board of appeals, municipal inland wetlands and watercourses agency, a municipal historic district commission and any state agency that issues permits for the construction or improvement of real property.

(b) No person shall file a permit application with a state or local land use agency or a local building official or director of health, other than for interior work in an existing building or for exterior work that does not expand or alter the footprint of an existing building, relating to property that is subject to a conservation restriction or a preservation restriction unless the applicant provides proof that the applicant has provided written notice of such application, by certified mail, return receipt requested, to the party holding such restriction not later than sixty (60) days prior to the filing of the permit application. In lieu of such notice, the applicant may submit a letter from the holder of such restriction or from the holder's authorized agent, verifying that the application is in compliance with the terms of the restriction. If the applicant has provided written notice pursuant to this subsection, the holder of the restriction may provide proof to the state or local land use agency or local building official or director of health that granting of the permit application will violate the terms of the restriction and such agency, official or director shall not grant the permit.

(c) If the applicant fails to comply with the provisions of subsection (b) of this section, the party holding the conservation or preservation restriction may, not later than fifteen (15) days after receipt of actual notice of permit approval, file an appeal with the state or local land use agency or local building official or director of health, subject to any rules of such agency, official or director relating to appeals. The agency, official or director shall reverse the permit approval upon a finding that the requested land use violates the terms of such restriction.


16 May 2022

Land Use Commissions
Town of Washington
P.O. Box 383
Washington Depot, CT 06794

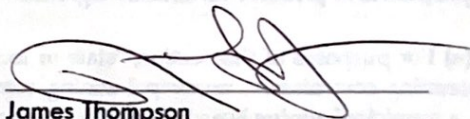
Dear Land Use Commissioners:

With this letter we authorize Reese Owens to act as our agent in connection with land use matters regarding our property at 16 Old Litchfield Road in Washington, CT.

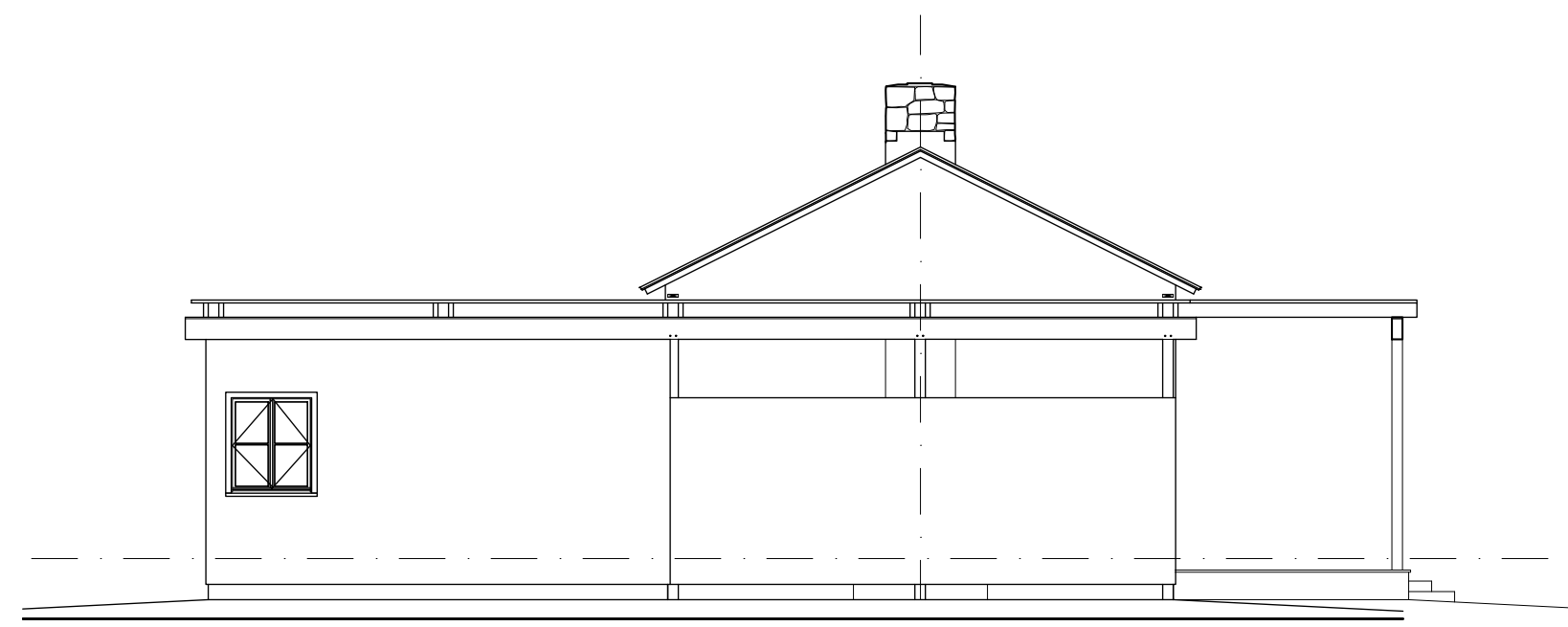
Sincerely,



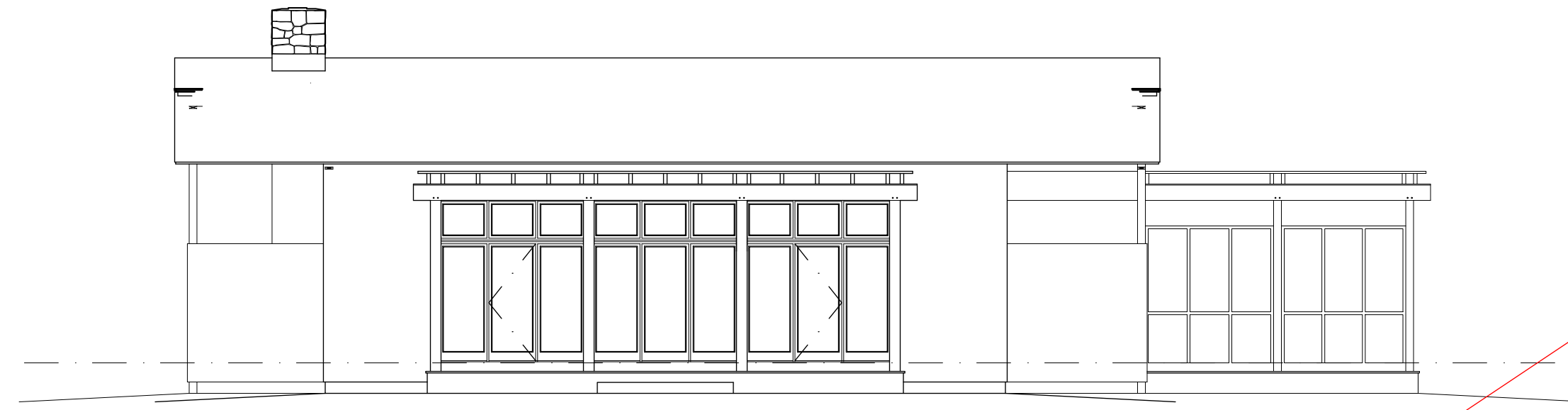
Stephanie Unwin



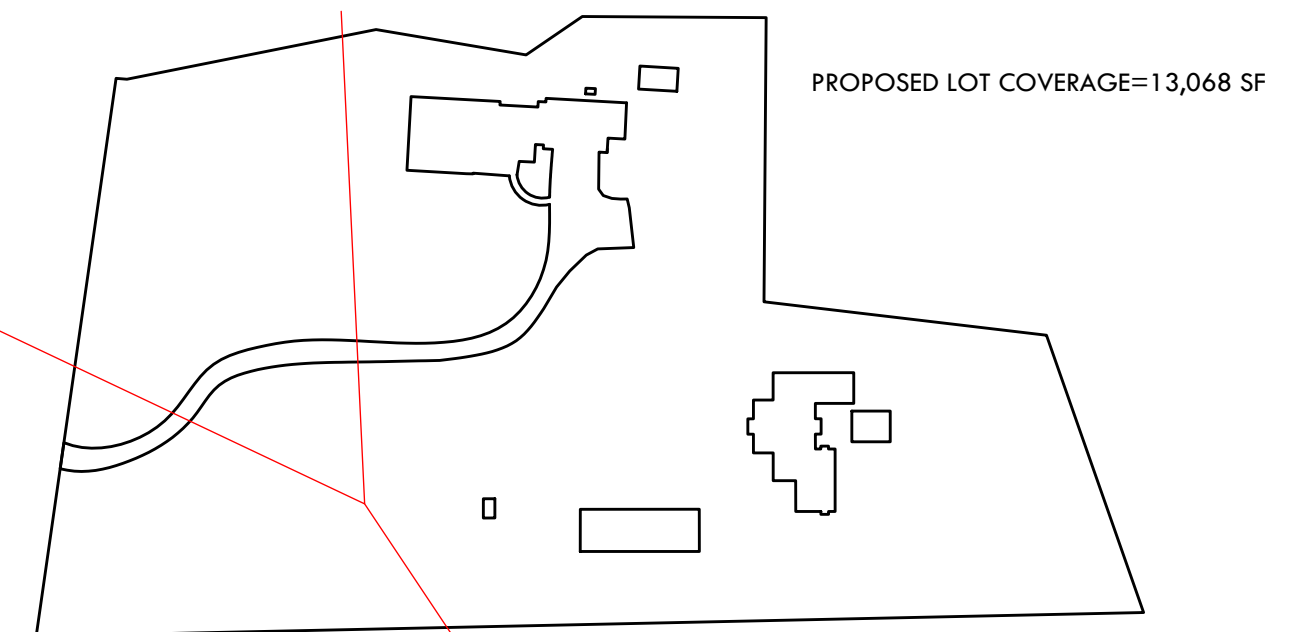
James Thompson



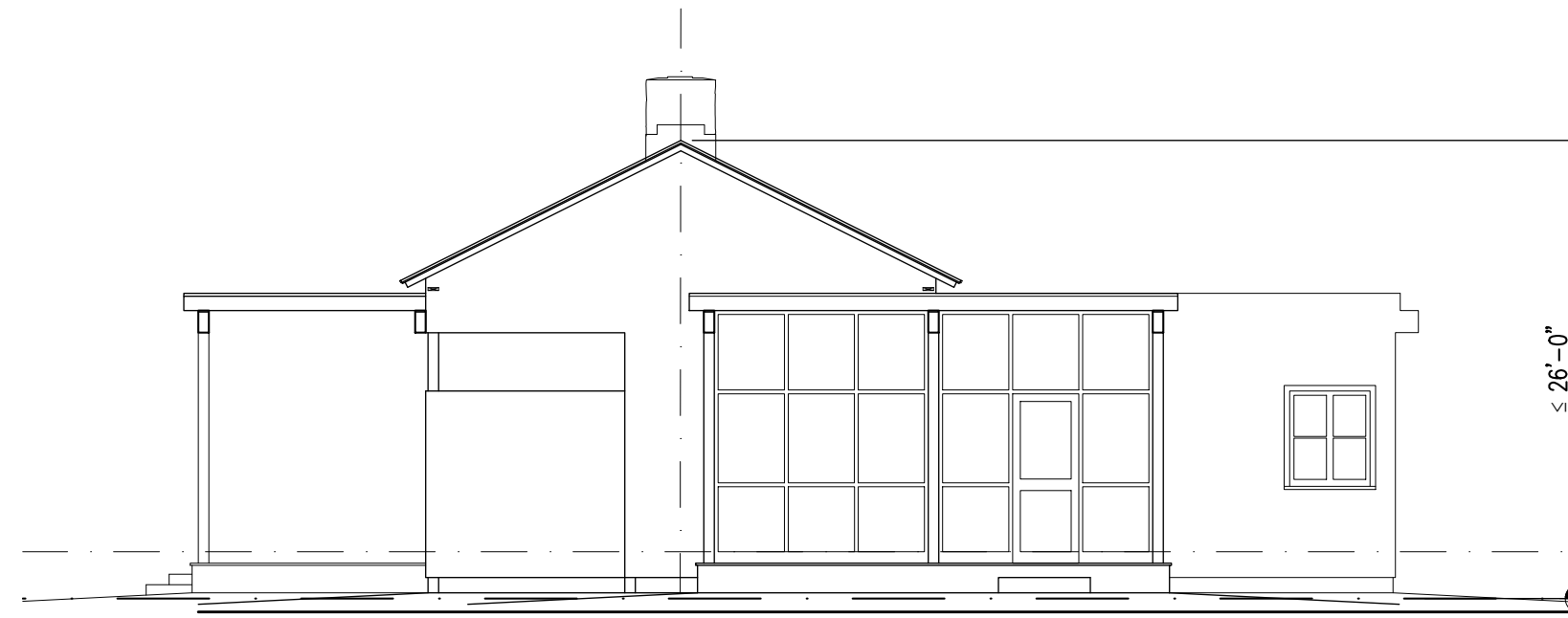
8 NORTH ELEVATION



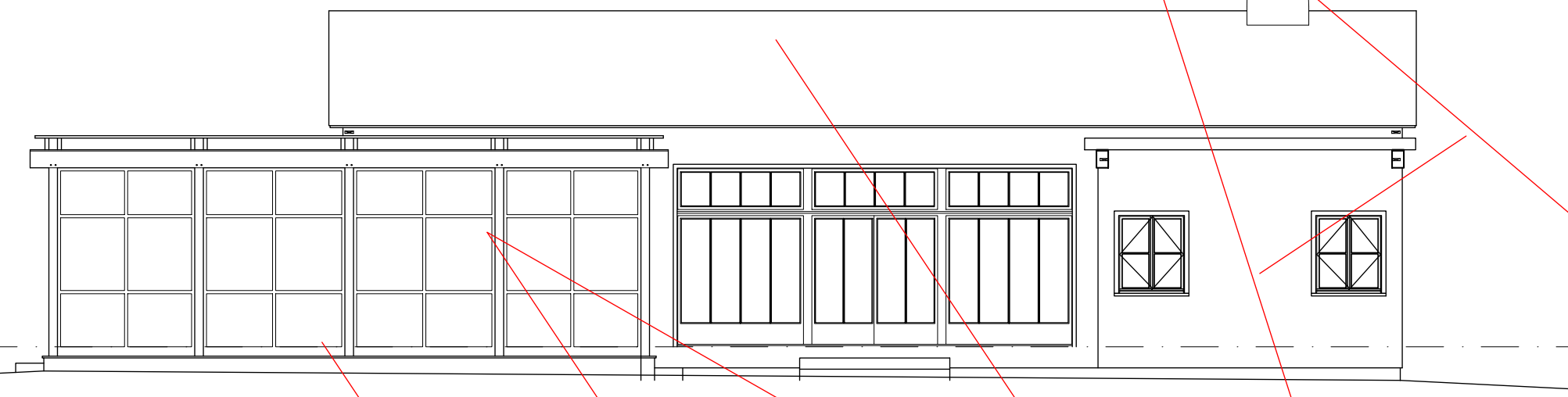
5 WEST ELEVATION



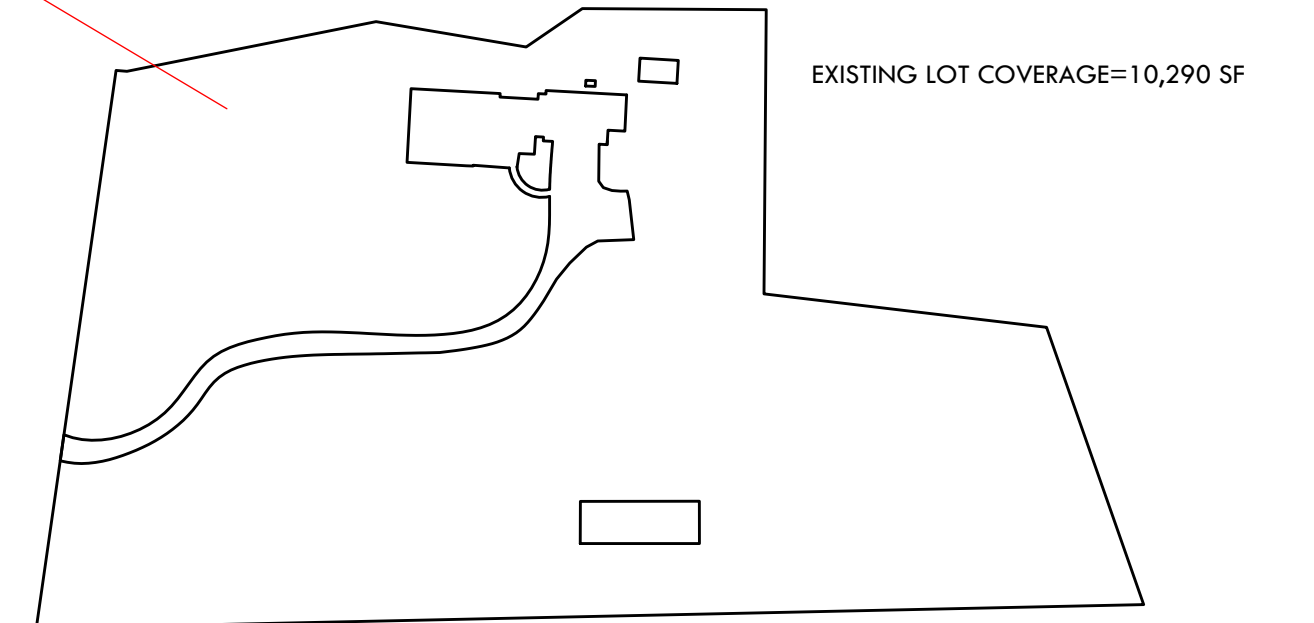
3 PROPOSED LOT COVERAGE 1"=100'



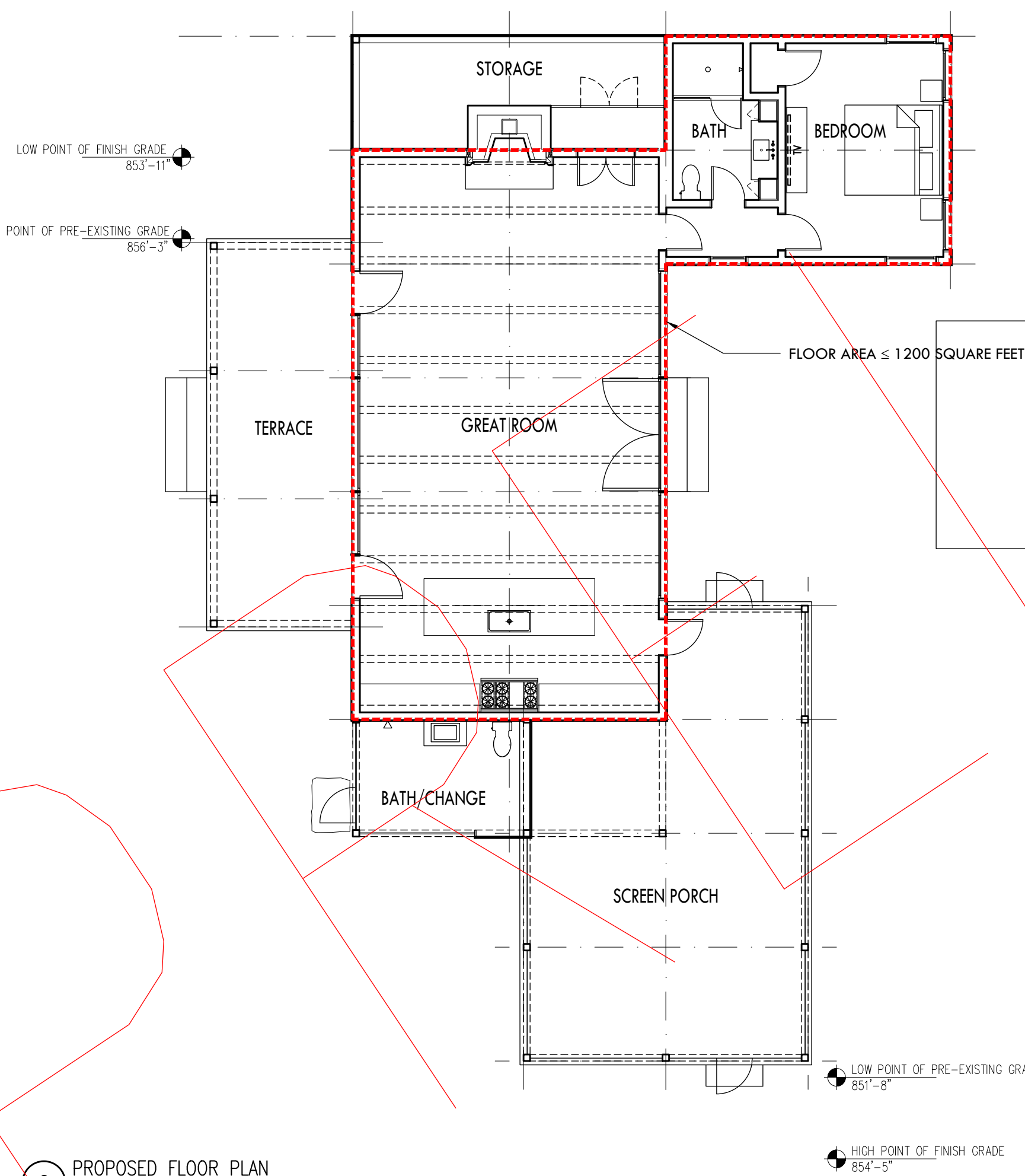
7 SOUTH ELEVATION



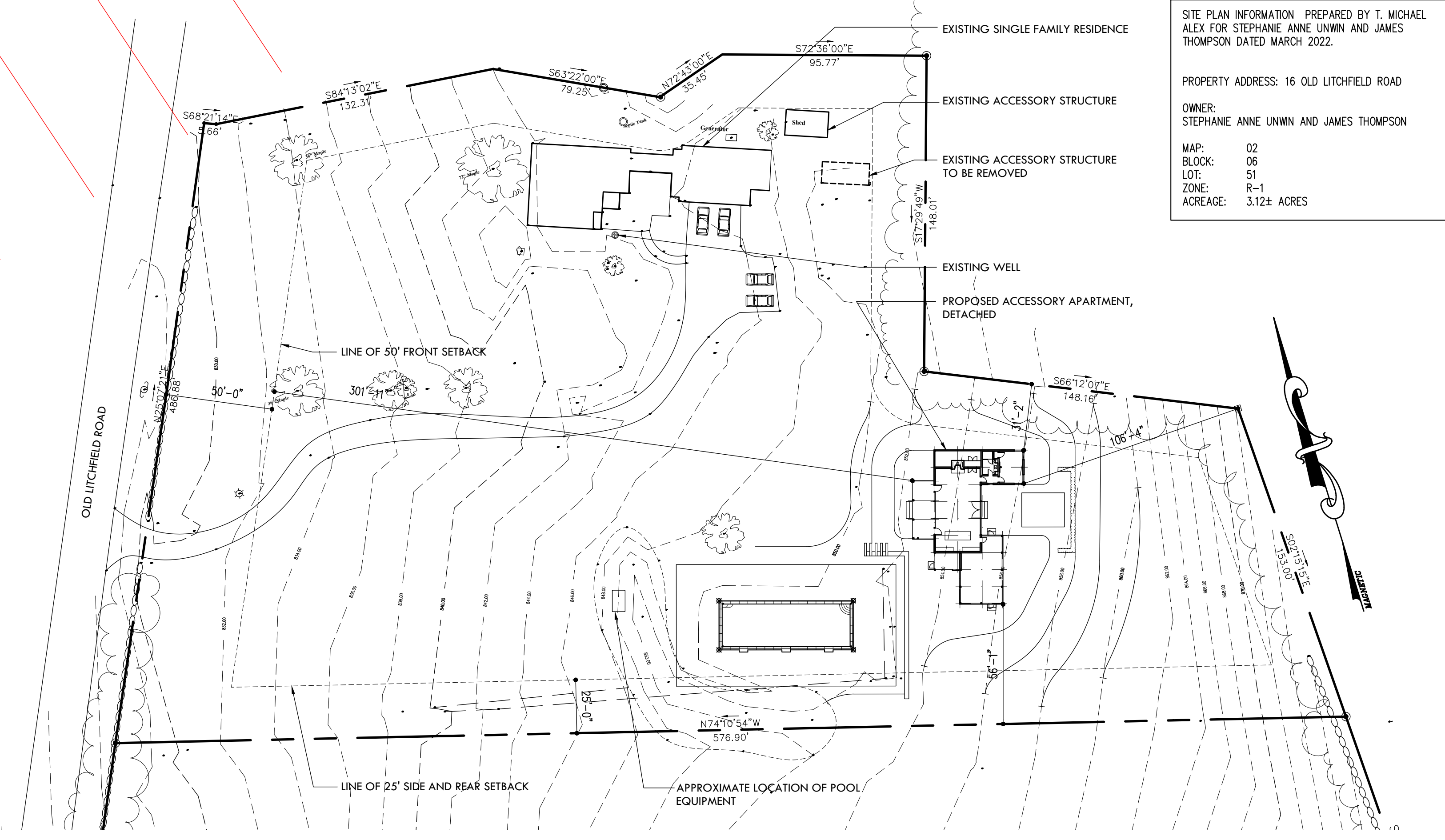
4 EAST ELEVATION



2 EXISTING LOT COVERAGE 1"=100'



6 PROPOSED FLOOR PLAN



1 SITE PLAN 1"=40'

SITE PLAN INFORMATION PREPARED BY T. MICHAEL ALEX FOR STEPHANIE ANNE UNWIN AND JAMES THOMPSON DATED MARCH 2022.

PROPERTY ADDRESS: 16 OLD LITCHFIELD ROAD

OWNER: STEPHANIE ANNE UNWIN AND JAMES THOMPSON

MAP: 02
BLOCK: 06
LOT: 51
ZONE: R-1
ACREAGE: 3.12± ACRES

C:\OWENS CLIENTS\22508 UNWIN POOL HOUSE\508 DRAWINGS\508 SCHEMATIC DESIGN\506Z001.DWG 5/18/22 4:24 PM Z001.DS

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REESE OWENS ARCHITECTS LLC
18 TRUS ROAD BOX 410 WASHINGTON DEPOT CONNECTICUT 06794
860.868.4000 TEL
860.868.4001 FAX
WWW.REESEOWENS.COM

16 OLD LITCHFIELD ROAD
WASHINGTON, CONNECTICUT

Revisions	No.	Date	Description

Title: **SITE PLAN**

Job: 22508
Scale: 1/8"=1'-0" UOM
Date: 05.18.2022

Client File: 508Z001
Drawn/Checked: Z001

Plan Approval

For Subsurface Sewage Disposal System

16	Old Litchfield Road	Washington			
Lot #	Street #	Street Name	Town	Subdivision	Ct.
Smith	16 Old Litchfield Road	Washington	Ct.	State	Zip
Owner	Owner Address:		Town	State	Zip
Builder	Builder Address:				
Engineer	Engineer Address:		Town	State	Zip

This Approval Indicates That The Proposal Has Been Reviewed By The Health District And Is In Compliance With Applicable Regulations As Contained In The Public Health Code For This Project.

Plan Date: March 20, 2022

Prepared by: Jay Bennett

Approval Date: April 4, 2022

of Bedrooms: 2

sb-13-36	1000	550	37.44
Septic System Type	Tank Size	Tank Sq Ft.	Legnth of septic system

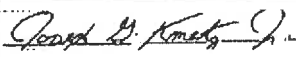
This is **NOT A PERMIT TO CONSTRUCT** a Subsurface Sewage Disposal System. The permit to construct will be issued to the licensed septic system installer prior to actual construction. This plan approval is subject to specific and general conditions as shown on both sides of this form. Please read them carefully.

Specific Conditions:

<input type="checkbox"/> Engineer Design	<input type="checkbox"/> Field Staking by Engineer	<input type="checkbox"/> Engineer Supervision	<input type="checkbox"/> As Below
<input type="checkbox"/> Percolation Test in Fill	<input type="checkbox"/> Select Fill Required*	<input checked="" type="checkbox"/> As-Built Installer	
<input type="checkbox"/> Engineer As Built Required	<input type="checkbox"/> Curtain Drain	<input type="checkbox"/> Manufacturer Approval	

(3) Perk Tests in Fill by Engineer Required Not Required

*Revised Select Fill policy applies to all approvals issued after July 1, 2000
Please refer to Item #12 on back



Approved by: _____ Director of Health: _____ Sanitarian
Note: General Conditions Shown on Reverse Side



Pomperaug District Department of Health

77 Main Street North • Playhouse Corner • Suite 205 • Southbury, CT 06488
(203)264-9616 • Woodbury (203)266-4785 • Oxford (203)888-2543x3005
Fax (203)262-1960 • www.pddh.org

Rec #	_____
Date	_____
\$ Amount	_____
Rec'd By	_____

APPLICATION FOR REVIEW OF A SUBSURFACE DISPOSAL SYSTEM (SSDS) (Septic Plan Review)

LOCATION: 16 Old Litchfield Rd WASHINGTON CT 06793
 Lot #/street # Street Town Subdivision

Check one: New Construction Repair
 Tank Replacement ONLY (NO FEE)

Only completed applications will be accepted for review and will contain:

1. A plot plan showing building, septic layout and well location
2. Soil tests for the property and basis of design
3. Fees: New System: \$275 residential / \$650 commercial
Repair: \$150 (no fee for tank only replacement)

Prepared By H.L. BENNETT JR INC Phone 203-264-5645
 Address 60 F BENNETT SQUARE
 Town Southbury State ct Zip 06488

Owner of Property _____ Phone _____
 Address 16 old Litchfield Rd
 Town Washington State CT Zip 06488

For New Construction: Jonathan Greenbaum
 Builder GreenLight CONST Phone 860-488-4298
 Address 53 IVAIN Rd
 Town Torrington State CT Zip 06790

Design Criteria

Tank Size 1000 GAL
 Number of bedrooms/G.P.D. 2
 Type of System (trenches, etc.) 37.44 LF SBI-13-36
 Effective Area Provided (sq. ft.) 550.36 Proposed
 Well Public Water 500.00 Required

Jay L Bennett 3-21-22
 Signature of Applicant or Agent Date

16 OLD LITCHFIELD Rd | (3-20-22) PROPOSED SEPTIC DRAWING System

WASHINGTON, CT. 06793

DATE

PEAK 1" IN 10-20 minutes

2 - Bed Room
 Required 500 S.F.
 Proposed 550.36 S.F.
 1000 gal SEPTIC TANK

H.L. BENNETT JR
 60 F BENNETT SQ
 SOUTHBRURY, CT.
 203-264-5645

N/A
 Bonnell M. Lombardi, Trustee
 Vol. 224 Pg. 291-293

37.44 LF OF SBI-13-36
 9-SBI-13-36 units
 Bottom of unit
 NO DEEPER THAN
 2" INTO GRADE
 MOTTING 20"
 NOWELL WITHIN 75'

Joe
 Approve
 After well note

16 Old Litchfield
 3.12 ± Acre

RESERVE AREA
 POOL HOUSE
 RESERVE AREA
 MAIN HOUSE

New Property Line

Existing Monument

Proposed
 POOL HOUSE

Proposed 20' x 50' pool

15' off setback line
 25' building setback

4" sch 40
 Pipe
 1000 GALLON
 SEPTIC
 TANK

4" SDR 35
 Pipe
 5' Around Select Sand
 37.44 LF
 OF
 SBI-13-36

Existing Tree
 10' Buffer 35' from tree

N74°10'54"W
 570.00'

S84°13'02"E
 132.31'

S86°11'42"E
 Existing Iron Pipe

S81°22'00"E
 78.25'

S83°00'E
 77'

S17°28'49"W
 148.5'

S03°12'07"E
 148.76'

S02°15'15"E
 153.00'

Set Iron Pipe

N/E
 Part of
 Vol. 272 Pg. 534-535

NEW MILFORD DEPARTMENT OF HEALTH

10 Main Street
New Milford, CT 06776
Phone: 860-355-6035 * Fax: 860-210-2664

Site Investigation for a Subsurface Sewage Disposal System

New System Repair/Replacement of Existing System B100a
 Property Owner: _____ Location: 16 Old Litchfield Rd. Washington
 Date of previous rain/snow: Snowing day of testing

Date: 3/9/2022

Deep Test Pit Data/Soil Descriptions

Test Pit: 1	Test Pit: 2	Test Pit: 3	Test Pit:
10-Topsoil 26-OB Sandy loam 60-Brown mottled sand	9-Topsoil 20-OB Sandy loam 70-Brown mottled sand	10-Topsoil 24-OB Sandy loam 64-Brown mottled sand	
Mottles: 26"	Mottles: 20"	Mottles: 24"	Mottles:
GW: 54"	GW: 39"	GW: 64"	GW:
Ledge: 60"	Ledge: Possible at 70"	Ledge: 64"	Ledge:
Roots: X	Roots: X	Roots: X	Roots:
Restrictive: 26" 26"	Restrictive: 20"	Restrictive: 24"	Restrictive:

Comments: Possible ledge/fractured ledge/rock in holes 2 & 3. Due to not digging deeper ledge is being called at bottom of test pit

Ground Water Table: (Near max., below max., etc.) _____

Soil Moisture (High, medium, Low, etc) _____

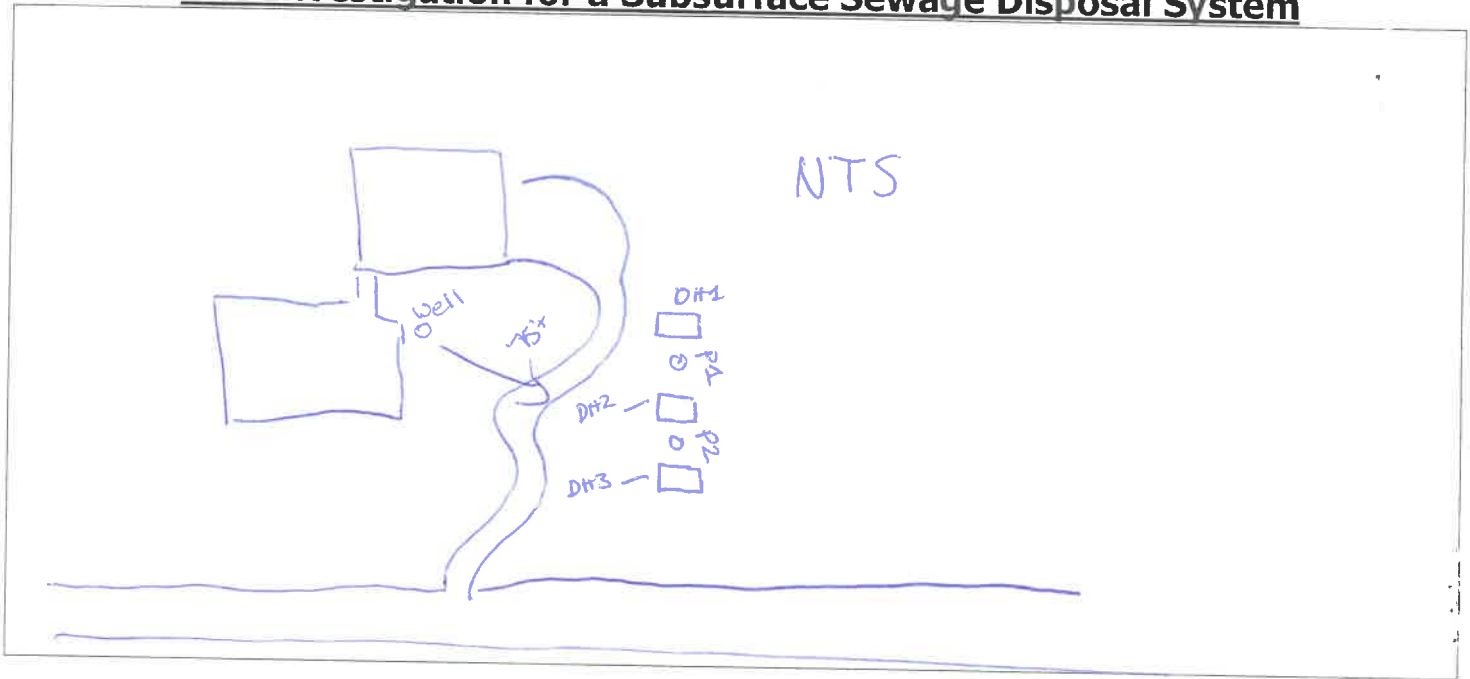
Date: 3/9/2022

Percolation Test Data

Perc: 1		Perc: 2		Perc:		Perc:	
Depth:		Depth:		Depth:		Depth:	
Time	Reading	Time	Reading	Time	Reading	Time	Reading
10:09	7"	10:11	8"				
10:19	7"	10:21	9 1/2"				
10:29	7 7/8"	10:31	10"				
10:39	7 7/8"	10:41	11"				
10:49	8"	10:51	12"				
10:59	8"	11:01	12 3/4"				
Perc Rate:		Perc Rate: 1"=10.1-20		Perc Rate:		Perc Rate:	

Comments: _____

Site Investigation for a Subsurface Sewage Disposal System



Location Drawing including all test pits and percolation holes.

Special Conditions		Conclusions	
Design Flow > 2000 GPD		Suitable for Sewage Disposal	
Public Water Supply Watershed		Unsuitable for Sewage Disposal	
Probable High Groundwater		Additional Investigation Req'd	
Slope > 25 percent		Wet Season Monitoring Req'd	
Perc Rate < 1 min/inch		Retest During Wet Season	
Perc Rate > 30 min/inch		Licensed Engineer Plan Req'd	
Ledge < 5 feet below grade		Other:	
Limited Suitable Area			
Open Watercourse or Wetlands		Slope	
Flood Plain/Seasonal Flooding		Number of Bedrooms	
Max. G.W. < 36 inches below grade			

Design Recommendations/Comments

Form completed by: *A. Geesci*
 (Certified Local Health Agent or P.E.)

Accuracy assured by (if P.E. completed form): _____
 (Certified Local Health Agent or P.E.)

Others present for site investigation (Engineer, developer, installer, etc.):

