Town of Waterford REVISED
Department of Planning and Development
www.waterfordct.org

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Date Submitted:	
Processed By:	
App. No.:	ZBA-25-4
Total Fee: $	

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Planning & Development
Town of Waterford, CT

Variance Application to the Zoning Board of Appeals

Property Address: 37 Oswegatachie Road

1. Type of Variance Application(s) *(Check all that apply)*

- [x] Residential
- [x] CAM Residential
- [ ] Location of Approval DMV
- [ ] Other Residential
- [ ] CAM Non-Residential
- [ ] Other: _____
- [ ] Non-Residential

2. Owner(s) of Record *(As listed on deed)*

Name: 1 Point Comfort LLC
Address: [redacted]
City/State: [redacted]
Telephone#: [redacted]
Cell Phone#:
Email: [redacted]

3. Applicant Information

Name: Owner
Address:
City/State:
Telephone#:
Cell Phone#:
Email:

4. Agent Information

Name: Amy Souchuns, Esq. HSSK LLC
Address: [redacted]
City/State:
Telephone#: [redacted]
Cell Phone#:
Email: [redacted]

5. Application Request Type

I/We hereby apply for:

- [x] Variance from the Zoning Regulations
- [ ] Repairer's/Dealer's License

6. Parcel Information

Map/Block/Lot: 102 / 585 / ___ 102 / 585 / ___ Street No. & Name: 37 Oswegatachie Road

Approximate Size SF/AC: 10,571 SF .27 ac. Date acquired: 7/1/24 Zone(s): R-20W

Deed recorded in Waterford Land Records Volume Number: 1863 Page(s): 196

Located on the side W (N, S, E, W) of Oswegatachie Rd (STREET), 0 feet

NW (N, S, E, W) from the intersection of Oswegatachie Rd (STREET) and Point Comfort (STREET)

The variance relates to *(please check one)*:

Use: ☐ Area: ☐ Frontage: ☐ Yards/Setbacks: ☑ Signs: ☐ Dealer/Repairer: ☐

7. Zone District

	REQUIRED	EXISTING	PROPOSED
MINIMUM LOT SIZE			
MINIMUM FRONTAGE	See attached chart		
MINIMUM FRONT YARD			
MINIMUM SIDE			
MINIMUM REAR YARD			
MAXIMUM BUILDING COVERAGE			
MAXIMUM BUILDING HEIGHT			
MINIMUM PARKING SPACES			

8. Under what section(s) of the Zoning Regulations is the appeal based?

Attach additional sheet if necessary

See attached narrative.

9. Specifically state amount of variance or action Board is requested to take:

Attach additional sheet if necessary

See attached narrative.

10. What is the hardship claimed? *See Sections 27.4 and 27.5 of the Zoning Regulations*

See attached narrative.

11. Has/Have any previous appeal(s) been filed in connection with these premises during the past ten calendar years?

Yes ☐ No ☑

If yes, _____ and _____
Date(s) *Appeal Number(s)*

12. Coastal Area Management Boundary

Is the property within the Coastal Area Management Boundary? Yes ☑ No ☐

Is a CAM report required? Yes ☑ No ☐

If yes, is the report attached? Yes ☐ No ☑

If No, note the exempt section(s) of Zoning Regulations _____

13. Owner, Applicant and/or Agent Acknowledgement

By signing below, the Owner and Applicant hereby grant the Waterford Zoning Board of Appeals and its authorized agents, including the Zoning Enforcement Officer, and Town Public Works Staff, the right to enter the premises, subject of the application, to inspect and verify the information contained in the variance application.

I/We hereby depose and say that all the above statements and the statements contained in any papers submitted herewith are true to the best of my knowledge and belief.

Signature of Owner
10/21/25
Date

Signature of Applicant/Agent
10/21/25
Date