

TOWN OF BETHEL

DATE SUBMITTED:

ZONING BOARD OF APPEALS

1 School Street
Bethel, Connecticut 06801
(203) 794-8578

TOWN OF BETHEL

JAN 12 2026

VARIANCE APPLICATION

Application #:

Hearing Date:

Fee Paid: \$

LAND USE DEPT.

PROPERTY ADDRESS: 22 Benson Rd. Bethel CT 06801

ZONE: RR-10 ASSESSORS MAP #: 7 BLOCK: 14 LOT: 6

OWNER of RECORD: Alexander L. Nutting

OWNER'S ADDRESS: 22 Benson Rd. Phone#: (203) 948-2170

APPLICANTS' NAME: _____
(if different from owner)

APPLICANT'S ADDRESS: _____

Phone# _____ fax# or email: Anutting19@gmail.com

Variance Request relates to: Enforcement Action Use Dimensional Requirement Certificate of Location
 Other

If variance is requested for Use or a Dimensional Requirement:

Existing _____ Proposed _____

Lot Area (sq. ft.): 9,557 Is the property within 500 feet of an adjoining municipality? YES NO

The property is connected to Town Sewers. If served by a septic system please check the following that apply:

I have received an approval from the Bethel Health Department for this project. _____ (initial)

I have not received approval from the Bethel Health Department and will apply at a later date. I understand that the Bethel Health Department may not approve the project if the property cannot comply with Public Health Code regulations. _____ (initial)

Briefly describe the proposed Project: Addition with screened in Porch and Garage. Addition will add one more bedroom and full bath.

List the specific sections of the Zoning Regulations and a brief description of them that require a waiver, or if an appeal from a Zoning Enforcement ACTION, describe the action that is being appealed: General Use Regulations have a minimum side yard Permit of 5 feet minimum and 15 foot total. Looking to be 5 feet on both south and North side yards. (4.6' South, 5' North)

List the reason(s) why the variance or appeal should be granted, STATING CLEARLY THE EXCEPTIONAL DIFFICULTY OR HARDSHIP Looking to build ~~and~~ addition for extra bedroom and rebuild decrepit detached garage as well. Garage is needed to house tools/equipment for buisness and would like to attach them together.

APPLICANT(S) SIGNATURE (if different than owner)

Alexander L. Nutting
OWNER(S) SIGNATURE (required or a Letter of Authorization)

Please refer to the Zoning Regulations Article 7.1 regarding Non-conforming Conditions, 8.8-Variance Application for application information and decision considerations, and 8.10 for Procedural Requirements.

It is the applicant's responsibility to make certain the application is in complete form.



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FEE SCHEDULE

___ STATE OF CT LAND USE FEE	\$ 60.00	ACC# 804
___ ZBA APPLICATION FEE	\$ 150.00	ACC# 600
___ Notice of Public Hearing FEE	\$ 100.00	ACC# 601
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TOTAL FEE	\$310.00	

The total fee is due at the time of the submittal of the application to the Planning & Zoning Department. If you have any questions please contact the department staff at (203) 794-8578.

Applicant's Name: Alexander L. Nutting

Phone Number: (203) 948-2170

Subject Property Address: 22 Benson Rd.

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