Ten copies of this Application are required

## ZONING BOARD OF APPEALS APPLICATION

t C	)	
72		

DEFEDDED TO TDC7

	REFERRED TO TFaz
Applicant Elvis Rodriguez and Chastity Maquilon-Rodriguez    Street 26 Paxton Way   Town Glastonbury	Date Filed & Fee Paid Date Hearing Scheduled Sign Deposit Paid On
Telephone (718) 644-5770 and (917) 232-0466 Legal Representative (if any)	Will Post Own Sign Taken On Sign Inspected on Site
Exact Location of Property Involved 26 Paxton Way, Glastonbury C	CT

Assessor's Key # ..... (If No Street # Indicated)

Legal Property Owner Elvis Rodriguez and Chastity Maquilon-Rodriguez

Under the provisions of Section 8-7, Connecticut General Statutes, the undersigned hereby appeals:

2. For a **special exception** as provided in Section ..... of the Glastonbury Zoning Regulations.

3. From an **adverse ruling** by ..... the Building Official, Glastonbury.

4. For the approval required by the State of Connecticut agency named below.

Describe in detail(in space provided on page 2 or on a separate sheet) what it is you want to do. State why this violates the Section(s) of the Glastonbury Zoning Regulations cited above. If a **variance** is sought, what hardship related to your particular property is claimed? If a **special exception** is sought, explain how all requirements for this exception have been met. If this is an **appeal from a ruling of the Building Official/ Zoning Enforcement Officer** state why you feel the ruling is wrong. (Use back of this form, if necessary)

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

Lin

Elvis Rodriguez and Chastity Maquilon-Rodriguez

Owner, If Not Applicant (Required)

2/14/2021 Date

Date

SEE PERTINENT INFORMATION ON NEXT PAGE

Include TEN (10) copies of everything submitted including the application and a map of the property involved. Locate all structures thereon and their relation to buildings on adjacent property and to the highway with approximate distances therefrom. Floor plans of buildings which you desire to erect or to alter must be provided in sufficient detail to make intelligent presentation of your plans. Also, include ten (10) copies of all supporting documentation.

FILING FEE OF \$185.00 tendered herewith. Applicants whose cases come under Section 14-55, 14-322, Connecticut General Statutes will be charged an additional fee to pay the cost of publication and the expenses of the public hearing.

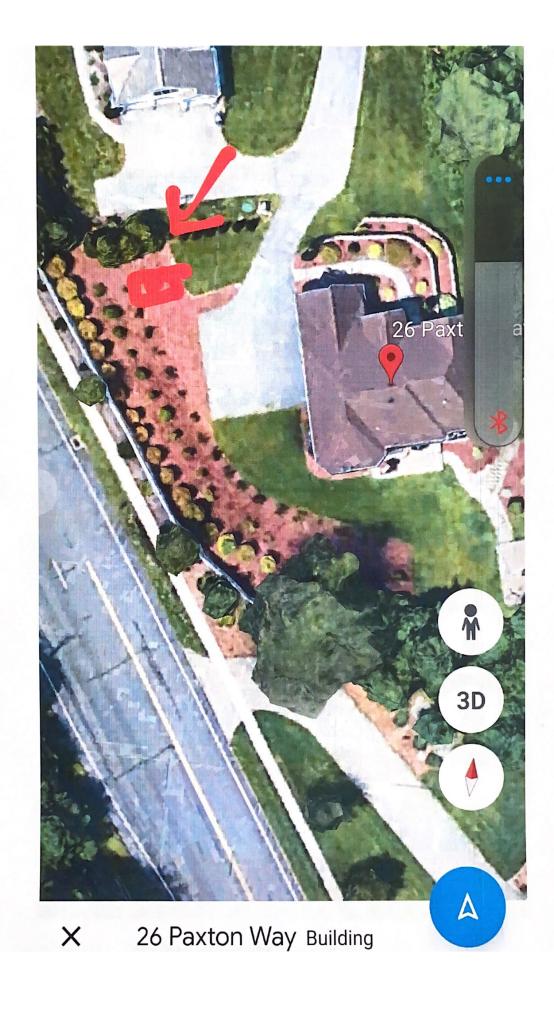
## DESCRIPTION IN DETAIL:

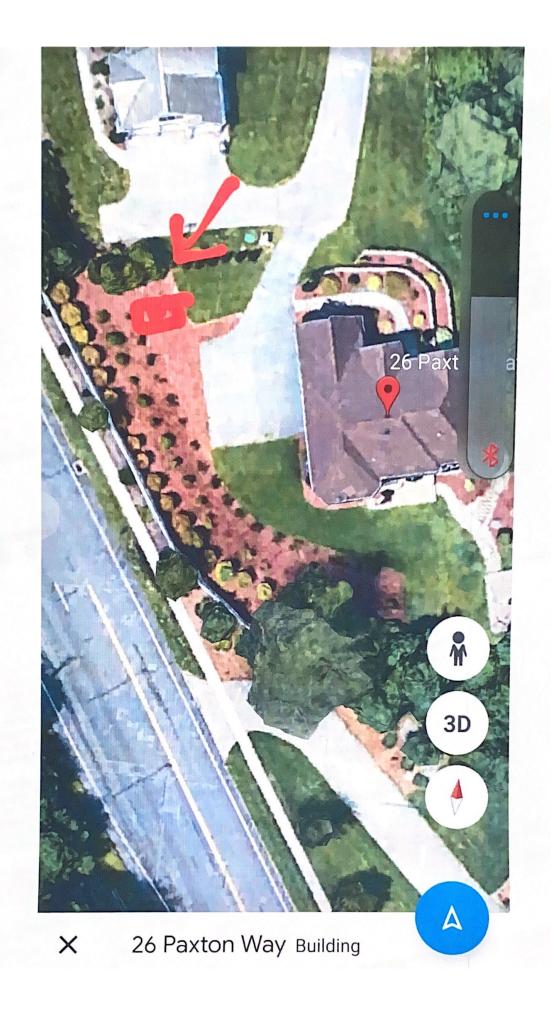
Application for zoning variance of property located on 26 Paxton Way, Glastonbury CT. We purchased this property in June of 2020. The way the property is set up, the side of our house where the garage doors are located is deemed to be the front of the house for zoning purposes. We are requesting that the zone be varied so that we can install a shed on the side of the house where our garage is located (the front of the house based on zoning papers). We are requesting a variance from the setback line requirement so that we can place the shed next to the sidewalk. Our property contains unique characteristics where this would be the only location where we can place a shed on the property given that the other side (the back of the house based on zoning papers) of the house is within very close proximity to the conservation easment.

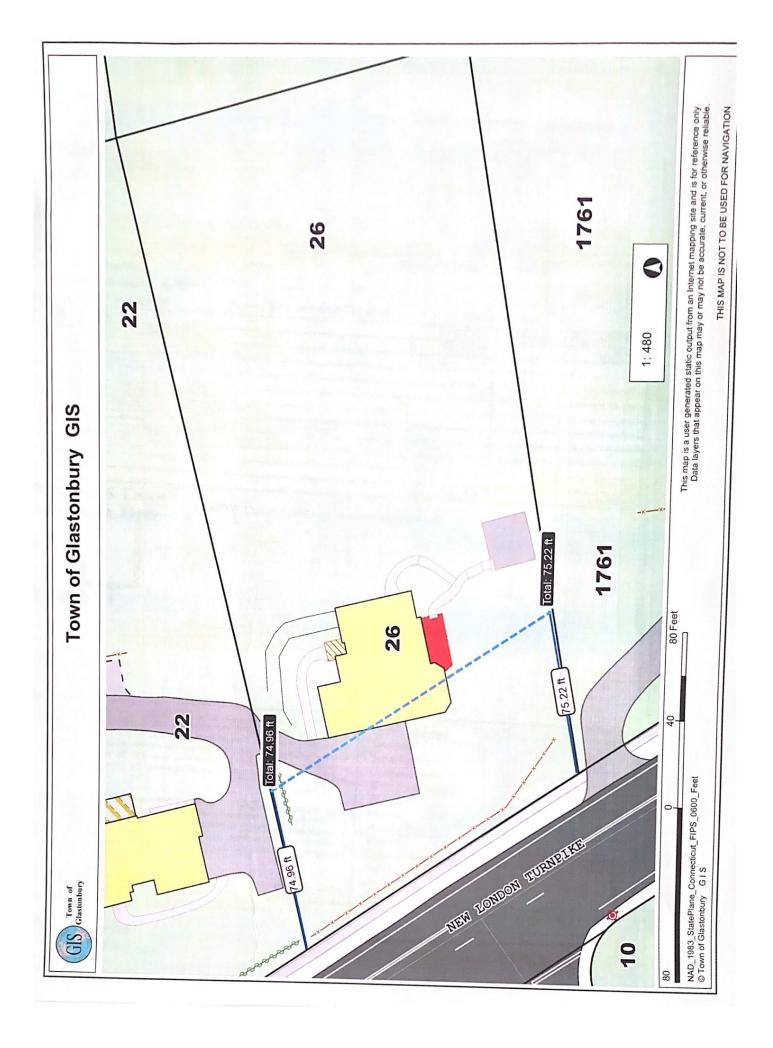
Note: Placing a shed (large enough to hold a snow blower and lawn mower) in the requested location will allow us to access the equipment needed to maintain the sidewalk that comes with the property. Our property that leads to sidewalk on New London Turnpike is on a very steep slope and enclosed by a fence which does not make it possible to pull a snow blower or lawn mower up the slope to get to the sidewalk safely on New London Turnpike.

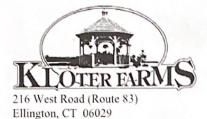
The fence on the property covers most if not all of the requested shed since it would be placed on the slope and would not interfere with the aesthetics of the property.

Ten copies of this Application and all supporting documentation are required









## Order Number: Q0429466

Page:	Page 1 of 1
Customer P.O. Number;	
Order Date:	2/16/21
Scheduled Delivery Date:	
Est. Customer Pickup Date:	
Customer Pickup Status:	NA
Doors On:	TBD
Salesperson:	DON D.

Mailing Address: (If Different)

860-871-1048 (Fax) 860-871-1117 www.kloterfarms.com Deliver To: Elvis Rodriquez

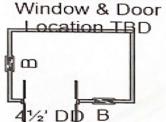
26 Paxton Way Glastonbury, CT 06033

Phone	(718) 644-5770 Ext. 0000 Phone (000) 000-0000 Ext. 0000	Phone	() - Ext.	
Qty	Description	Unit Price	Discount	<b>Extended Price</b>
1	8x10 Vinyl Cape Storage Building	\$3,265.00		\$3,265.00
1	TBD Siding Color - Delivery Date Pending			
1	TBD Fiberglass Doors			
1	TBD Trim Color - Delivery Date Pending			
1	TBD Shutters - Delivery Date Pending			general states and
80	TBD Arch. Shingle Color - Delivery Date Pending			
2	'B' Windows (White) - 18"Wx27"H Aluminum Window locations TBD			
1	Standard Fiberglass Double Door Door location TBD			
1	"Presidents Day Sale" 2-8-212-20-21	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1	4' P.T. Ramp	\$120.00		\$120.00
		TOTALS:		\$3,385.00

PO #:

Order Date:

Due Date:



NOTES: Customer will have the site ready and level

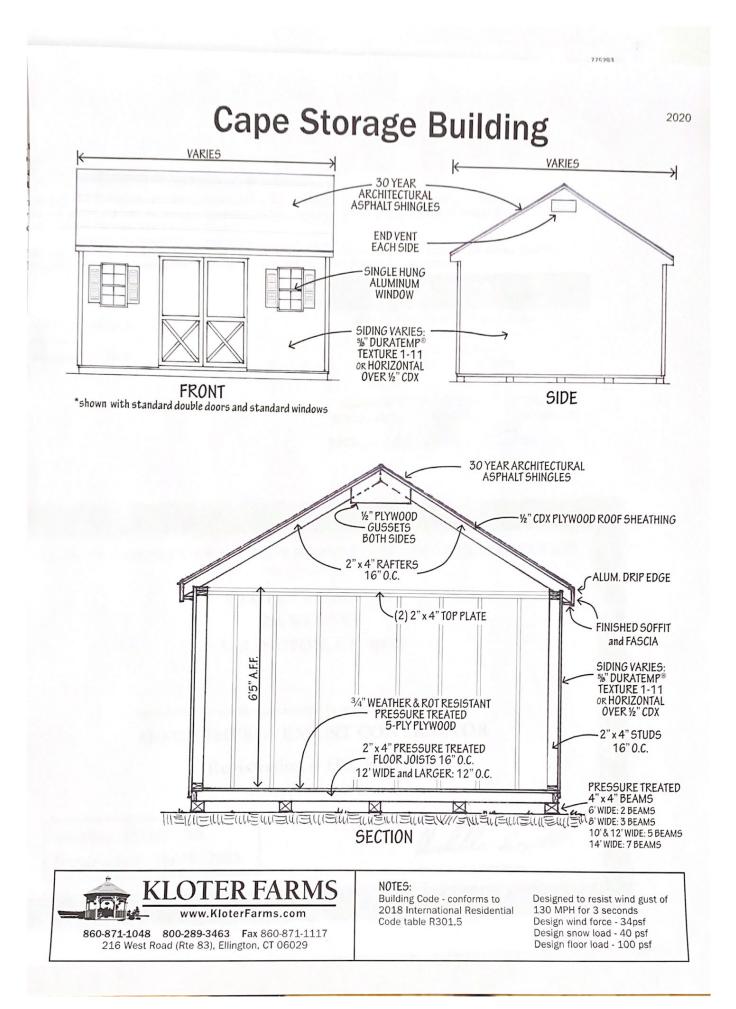
Quotes/Orders - Quotes are based on the current sale price the day it was created. A \$250 deposit	De
will hold the current price for 15 days. A 25% deposit will hold the current price for 90 days. A	
50% deposit is required to set a delivery date. Changes can be made up until the point where a	Su
delivery date has been set. Once the delivery date has been set, construction will begin, and no	Sa
additional changes can be made. All TBD items must be defined before a delivery date is set. A	Cu
restocking fee may apply up to the full amount of the deposit, if a building is cancelled once	Wi
construction has begun.	
	TC

Site built Garages - A \$500.00 deposit is required to generate an initial site visit by one of our Project Mangers. The customer needs to talk to their Zoning department prior to that visit to be aware of any town imposed restrictions or limitations. Additional deposits for drawings and a typical payment schedule will be discussed during the site visit. Site built garages are typically a 4-6 month process. Prices can change due to unusual market conditions. Our project manager will review that possibility on his visit.

CUSTOMER AGREES WITH THIS ORDER AS WRITTEN AND ASSUMES FULL RESPONSIBILITY FOR THEIR PROPERTY DURNING DELIVERY. NO CHANGES CAN BE MADE TO THIS ORDER ONCE A DELIVERY DATE IS SET.

Delivery Charge	\$0.00
Subtotal	\$3,385.00
Sales Tax-CT	\$214.95
Customer Letter	\$0.00
Wide Load Permits	\$0.00
TOTAL	\$3,599.95
Deposit	
Balance Due	
Deposit	
Balance Due	
Deposit	
Balance Due	
Deposit	
Balance Due	
Deposit	
Balance Due	
Balance Due Payment Info: POD	

Printed on: 2/16/2021 11:51:24AM By: Don D



## STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

450 Columbus Boulevard + Hartford Connecticut 06103

Attached is your Home Improvement Contractor registration. This registration is not transferable. The Department of Consumer Protection must be notified of any changes to your registration within thirty (30) days of such change. Questions regarding this registration can be directed to the License Services Division at (860) 713-6000 or email <u>dep.licenseservices@ct.gov</u>.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. You can access your account at <u>www.elicensc.ct.gov</u> to verify, add or change your email address.

Visit our web site at <u>www.ct.gov/dcp</u> to verify registrations, download applications and the booklet for The Connecticut Contractor for Home Improvement and New Home Construction.

KLOTER FARMS INC PO Box 440 Ellington, CT 06029 STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION HOME IMPROVEMENT CONTRACTOR KLOTER FARMS INC

> 216 WEST RD ELLINGTON, CT 06029

Registration #	Effective	Expiration
HIC.0618767	12/01/2020	11/30/2021
SIGNED AS	illa	2.



								KLO.	TE-2	OP ID: JOI		
Ą	CORD CERT	IFI	C.4	TE OF LIA		TY IN	SURA	NCE		E (MM/DD/YYYY)		
•										0/26/2020		
T	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT	MAT		OF INFORMATION ONL	Y AND	CONFERS	NO RIGHTS	UPON THE CERTIFI	CATE HO	DLDER. THIS		
В	ELOW. THIS CERTIFICATE OF INS	SURA	NCE	DOES NOT CONSTITU	JTE A	CONTRACT	BETWEEN	THE ISSUING INSUE	ER(S)			
R	EPRESENTATIVE OR PRODUCER, A	ND T	HE C	ERTIFICATE HOLDER.								
IN	MPORTANT: If the certificate holder	is an	ADI	DITIONAL INSURED, the	policy	(ies) must b	e endorsed.	If SUBROGATION I	S WAIVE	D, subject to		
tr	ne terms and conditions of the policy ertificate holder in lieu of such endor	, cert seme	ain p nt(s)	oolicies may require an e	endorse	ment. A sta	itement on t	his certificate does n	ot confer	rights to the		
PRO	DUCER				CONTA NAME:	Jodi Sa	kal					
Dow 139	vding, Moriarty & Dimock Inc Union Street				PHONE	o, Ext): 860-87	75-2523	FAX	Nov. 860-	875-0921		
	kville, CT 06066 GIZA				E-MAIL	ss: jsakal@	dmdinsura		NO).			
								NDING COVERAGE		NAIC #		
					INSURE	RATRAVE	LERS					
INSU	RED Kloter Farms, Inc. Country Warehouse,LLC		MΔ		INSURE	RB:						
	216 West Road				INSURE	RC:						
	Ellington, CT 06029				INSURE	RD:						
					INSURE							
CO	VERAGES CER	TIEI	-	NUMBER:	INSURE	RF:						
TI	HIS IS TO CERTIFY THAT THE POLICIES	S OF I	NSU	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSUR	REVISION NUMBER	THE PO			
IN	IDICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT. TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RES	PECT TO	WHICH THIS		
C/	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	POLI	AIN, CIES.	LIMITS SHOWN MAY HAVE	DED BY E BEEN F	THE POLICIE REDUCED BY	S DESCRIBE PAID CLAIMS	D HEREIN IS SUBJECT	TO ALL	THE TERMS,		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		MITS			
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,00		
Α	X COMMERCIAL GENERAL LIABILITY			660-3R116843		10/24/2020	10/24/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
								GENERAL AGGREGATE	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG		2,000,000		
_		-						COMBINED SINGLE LIMIT	\$	1 000 000		
A	X ANY AUTO			810-3R118824		10/24/2020	10/24/2021	(Ea accident) BODILY INJURY (Per persor	\$ 1) \$	1,000,000		
	ALL OWNED X SCHEDULED AUTOS			010-5K110024	10/24/	10/24/2020	10/24/2021	BODILY INJURY (Per accide				
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	s			
					1			(PERACCIDENT)	s			
	UMBRELLA LIAB X OCCUR						N. Cara	EACH OCCURRENCE	s	5,000,000		
A	EXCESS LIAB CLAIMS-MADE			CUP-4R580300		10/24/2020	10/24/2021	AGGREGATE	s	5,000,000		
_	DED RETENTION \$	-							s			
A	AND EMPLOYERS' LIABILITY			UB 2B422026		40/24/2022		X WC STATU- TORY LIMITS EF	1-			
~	ANY PROPRIETOR/PARTNER/EXECUTIVE	IDED?		N/A UB-		UB-3R123926		10/24/2020	10/24/2021	E.L. EACH ACCIDENT	S	500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOY		500,000 500,000		
	DESCRIPTION OF OPERATIONS BEIOW	1						E.L. DISEASE - POLICY LIM	1 5	500,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks	Schedule,	if more space is	required)	Settles				
Evi	dence of Insurance											
CE	RTIFICATE HOLDER				CANC	ELLATION						
UL.						LELATION						
					SHO	JLD ANY OF T	HE ABOVE DI	SCRIBED POLICIES BE	CANCELL	ED BEFORE		
	Kloter Farms				ACC	ORDANCE WIT	THE POLIC	REOF, NOTICE WILL Y PROVISIONS.	BE DEL	IVERED IN		
	Evidence of Insurance											
					AUTHOR	ZED REPRESEN	TATIVE		an market			
					Led	Estatal						
					1							
					1.11	© 1988-	2010 ACOR	D CORPORATION.	All rights	reserved.		

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