

ZONING REGULATIONS

315 Attachment 4

Town of Lyme

Appendix D
Application Material



PERMIT #: \_\_\_\_\_

APPLICATION FOR ZONING PERMIT
PLANNING & ZONING COMMISSION
TOWN OF LYME, CONNECTICUT

NOTE: PROPERTY TAXES MUST BE PAID IN FULL BEFORE A PERMIT IS ISSUED.

Assessor's Map#: \_\_\_\_\_ Lot#: \_\_\_\_\_ Zoning District: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_

OWNER: \_\_\_\_\_ CELL#: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

The undersigned hereby makes application for a ZONING PERMIT under the Zoning Regulations of the Town of Lyme, Connecticut.

Application is made for the following:

- Proposed new building or structure and use thereof
Change of use of existing building or structure
Modification of existing building or structure and use thereof
Home Occupation
Other
Accessory Apartment
Timber Harvest
Sign Permit
[B & B or Short-Term Rental-SEPARATE FORM]

List All Existing Easements: \_\_\_\_\_

Description of Proposal: \_\_\_\_\_

PROPERTY LOCATED WITHIN:

Table with 4 columns: YES, NO, YES, NO. Rows: Conservation Zone, Flood Plain District, Coastal Zone, Inland Wetland Zone.

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Paid by Cash [ ] Paid by Check [ ] Check # \_\_\_\_\_

[ ] APPROVED [ ] DENIED \_\_\_\_\_

Site Plan rev. date: \_\_\_\_\_

Date: \_\_\_\_\_ Zoning Enforcement Officer

## LYME CODE

### INSTRUCTIONS AND PROCEDURES FOR APPLICATION TO LYME ZONING BOARD OF APPEALS

The Lyme Zoning Board of Appeals hears appeals for the following reasons:

- (1) The Zoning Enforcement Officer or the building official cannot issue a permit because of a violation of the Lyme Zoning Regulations.
- (2) A special permit is required by the Lyme Zoning Regulations.
- (3) The issuance of a permit by the Zoning Enforcement Officer or the building official is appealed.

Regular meetings of the ZBA are held on the third Thursday of each month at 7:30 p.m. at the Town Hall or such other time or place as the Chairman or Acting Chairman of the Board may from time to time determine.

Applications shall be filed at the Lyme Town Hall with the Town Clerk or Zoning Enforcement Officer between 9:00 a.m. and 4:00 p.m. weekdays and shall be signed by the applicant or his agent. The applicant is also responsible for notification to all property owners within 150 feet by certified return receipt mail. All pertinent questions on the application must be answered and all information required by the form to be given shall be concisely stated. Additional statements may be added on separate sheets, if required.

The original plus five copies of the application shall be accompanied with six copies of a plot plan. Plot plans must be legible, in detail, but need not be done by a licensed engineer or surveyor. Six sets of building plans if a new or existing building, addition or alteration to a building are involved, and with the filing fee of \$\_\_\_\_\_. Checks should be made out to the Town of Lyme. Four sets of plans will be returned to the applicant at his request, after the Board's decision.

Plot plans shall be drawn to scale, accurately showing lot dimensions, area yard dimensions, location and size of all existing and proposed buildings on the property, the existing and intended uses of each building or part of a building, the number of families or housekeeping units the buildings are designed to accommodate, and such other information as may be necessary to clearly define the questions involved. All dimensions and areas shown on plot plans relating to the location of buildings and structures on the lot and the location and size of the lot shall be based if possible on an actual survey by a duly licensed civil engineer or surveyor. Also, please indicate location of water supply and septic system. If topographical conditions are claimed as hardship, applications shall be accompanied with photos or topo survey showing same.

- The final date for filing applications shall be no later than the third Thursday of the preceding month.
- The appeal will then be heard at the next scheduled meeting. Applicant or his agent must be present at the meeting.
- On an application for a re-hearing, the applicant must allege new facts and prove same at the hearing.
- The Board, in its discretion, may dismiss an appeal (without prejudice) for failure to comply with any of the foregoing rules.
- Any waiver of the above requirements must be approved by the Board's Chairman or his authorized representative prior to the application.
- If assistance is needed in filing, please contact the Chairman, Lyme Zoning Board of Appeals.

ZONING REGULATIONS

APPEAL  
THE ZONING BOARD OF APPEALS  
LYME, CONNECTICUT

1. I (we) hereby appeal to the Lyme Zoning Board of Appeals from the decision of the Zoning Enforcement Officer or the Building Official for a variance ( ) or exception ( ) or other \_\_\_\_\_ to:

- use
- erect
- alter
- add to
- occupy
- land only
- structure or building
- For use as  \_\_\_\_ family residence
- accessory building
- commercial

2. LOCATION of affected premises: Map No. \_\_\_\_ Lot No. \_\_\_\_ Page No. \_\_\_\_ Vol. No. \_\_\_\_

Title of Subdivision Map (if any) \_\_\_\_\_ Located on the \_\_\_\_\_ side of \_\_\_\_\_ street \_\_\_\_\_ feet distance from the intersection of \_\_\_\_\_ with \_\_\_\_\_.

Zone: RU 40  RU 80  RU 120  C 40  WF 20

OWNER: \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

APPLICANT: \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

3. THIS APPEAL relates to  use  area  yard dimensions  height  
 number of family units  street frontage  Other

Describe briefly \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. VARIANCE of the following sections of the Lyme Zoning Regulations is requested

(Please specify in detail) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LYME CODE

(a) Strict application of the regulations would produce UNDUE HADSHIP because:

\_\_\_\_\_  
\_\_\_\_\_

(b) The hardship created is UNIQUE and not shared by all properties alike in the neighborhood because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) The variance would not change the CHARACTER of the neighborhood because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The denial of Issuance of Permit No. \_\_\_\_\_ for the above named premises by the Zoning Officer is APPEALED because:

\_\_\_\_\_  
\_\_\_\_\_

6. Certified mail notification is required(return receipt requested) of ALL OWNERS whose property is within 150 feet of any portion of subject property and is to be provided on an attached list to include: Name, Mailing address, Tax Map Number, Lot Number.

The applicant may add other related material.

I (we) certify to the best of my (our) knowledge the above information is correct and complete.

Date Filed: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_

APPLICATION:  APPROVED

DENIED

DATE: \_\_\_\_\_

## ZONING REGULATIONS

### INSTRUCTIONS FOR SUBDIVISION / SPECIAL PERMITS APPLICATION:

Complete identifying section and check the reason(s) for the application;

- For applications of **Re-subdivision**, see Chapter 310, Article 2.1, Definitions, of the Lyme Subdivision Regulations and/ or Title 1, Chapter 126, Section 8-18 of the Connecticut General Statutes for the definition of Re-subdivision.
- For **Special Permits/Special Exceptions**, check Special Permit and list which Article of the Lyme Zoning Regulations requires the Special Permit. See Chapter 315, Article 12 for further instructions.
- For applications of **municipal improvements**, applicable to the town of Lyme activities only, see Title 1, Chapter 126, section 8-24 of the Connecticut General Statutes.
- For applications of **regulation changes**, the Commission will require that a clear, concise, written description of the change accompany the application.
- For applications of **Coastal Site Plan Review**, a CAM Model Application for Review of Coastal Site Plans must accompany the application. See Chapter 315, Article 13 for more information.

Property's relative location, check mark the form in the appropriate space(s);

1. if the property includes wetlands or is within the 100 ft. buffer known as the Upland Review Area. For an approximate map of wetlands, see GIS map on town website.
2. if the property lies within the Eight-mile Overlay District defined in Chapter 315, Article 19 of the Lyme Zoning Regulations and on a map titled as such and included as an appendix to the Lyme Zoning Regulations.
3. if the property lies within the Conservation District as defined under Title 25, Chapter 477a, Section 25-102c of the Connecticut General Statutes.
4. if the property lies within 500 ft. of or will affect another municipality.

Note volume and page of, and a description of, any deed restrictions including conservation and scenic easements, rights-of-way, well, or septic easements. Properties subject to a conservation restriction or a preservation restriction require applicant provides proof that they have provided written notice of such application, by certified mail, return receipt requested, to the party holding such restriction.

Applications may be made by mailing the application to the Chairman, Agent (ZEO), or Secretary of the Commission or may be made in person at any meeting of the Commission. Regular meetings are held on the second Monday of each month in the Town Hall conference room starting at 7:00 PM except when that Monday falls on a legal holiday in which case the meeting will be held on the Tuesday following the holiday.

LYME CODE



PLANNING AND ZONING COMMISSION

APPLICATIONS

Property address \_\_\_\_\_ Zone \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

For:

\_\_\_\_ Subdivision Approval      \_\_\_\_ Re-subdivision Approval

\_\_\_\_ Special Permit under Chapter 315, Article \_\_\_\_\_      Brief description \_\_\_\_\_

\_\_\_\_ Municipal Improvement, attach brief description...

\_\_\_\_ Regulation revision;    \_\_\_\_ zoning    \_\_\_\_ subdivision, chapter and article \_\_\_\_\_

\_\_\_\_ Coastal Site Plan Review

Is property within:

\_\_\_\_ Inland wetlands/URA      \_\_\_\_ Eight-mile Overlay      \_\_\_\_ Conservation District

\_\_\_\_ 500 ft. of adjoining municipality

Deed restrictions: (easement notice required? Y\_\_ N\_\_ ) include volume and page \_\_\_\_\_

Application is hereby made by(sign) \_\_\_\_\_ date \_\_\_\_\_

(Regular zoning permit and other building permits required if approved)

.....  
Received by Planning and Zoning Commission on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(next regular meeting)

Application fee \_\_\_\_\_    \_\_\_\_ cash    \_\_\_\_ check    check # \_\_\_\_\_

Approval date \_\_\_\_\_ Denial date \_\_\_\_\_ Site Plan rev. date \_\_\_\_\_

## ZONING REGULATIONS

### SUBDIVISION APPROVAL PROCESS

#### Phase 1 Detail--Testing and Preliminary Plans

1. Preliminary Discussion with:

Zoning Enforcement Office, P & C Chairman, Sanitarian,  
Inland-Wetlands Commission agent, and the Building  
Inspector

2. Wetlands Delineation (Applicant pays cost:engineer or soil scientist)

3. Test Data for Subsurface Sewage Disposal

(State Department of Health Services, on-site sewage-  
disposal system with Design Flows of 5,000 gal. per  
day or less and non-discharging toilet systems--  
Section 19-13-B103a through 19-13-B103f)

- a. Obtain engineer to delineate preliminary lot layout
- b. Obtain engineer to formulate detailed cost estimates
- c. Obtain engineer to conduct deep hole and perc tests  
(Applicant hires back hoe operator)
- d. coordinate testing with Town Sanitarian
- e. Sanitarian issues Report  
Engineered systems may be required  
State Department of Health may be required

4. Engineer produces plan which complies with town Subdivision  
Regulations and Inland-Wetland Regulations

#### Phase 2 Detail--Formulation of Preliminary Subdivision Plans

1. Presentation of Plans to affected town agencies e.g.  
Inland-Wetlands, P & Z
2. Formal application to affected town agencies/public hearings held

#### Phase 3 Detail--Final Subdivision Plans

Formulate final plans to comply with P & Z and Inland-Wetlands  
reviews.

Presentation of legal documents and/or bond if required

LYME CODE



PERMIT #: \_\_\_\_\_

TOWN OF LYME  
PLANNING & ZONING COMMISSION  
480 HAMBURG ROAD

**APPLICATION FOR ZONING PERMIT FOR SHORT-TERM RENTAL  
APPLICATION FOR PERMIT RENEWAL**

Assessor's Map#: \_\_\_\_\_ Lot#: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Date: \_\_\_\_\_

OWNER APPLICANT: \_\_\_\_\_ TEL #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

APPLICANT'S MAILING ADDRESS: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_ Owner's Cell #: \_\_\_\_\_

Is the above property the Owner's permanent residence? Yes or No

**The undersigned hereby makes application for a ZONING PERMIT under the Zoning Regulations of the Town of Lyme, Connecticut for the purpose of establishing a Short-Term Rental on the above property.**

Description of Proposal: (include # and location of guest rooms(main house or accessory building?), maximum # of guests, and # of parking spaces.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you intend to serve a morning meal to Guests:** Yes or No

Lyme Short-term rental regulations require the Owner or an approved Host to be present on the property during the entirety of any rental period. The host shall be responsible for oversight of rental guests and compliance with zoning permits and regulations during a rental. If you intend to designate any host(s) in addition to the owner, please list below. Hosts must be at least 21 years old, and the above property must be their permanent residence.

Host: Name \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Cell Number \_\_\_\_\_ Email: \_\_\_\_\_

Is the above property the host's permanent residence? Yes or No

Date: \_\_\_\_\_ Home Owner's Signature: \_\_\_\_\_

**Zoning Officer completes this portion:**

Application Fee: \$ \_\_\_\_\_ Paid by Cash  Paid by Check  Check # \_\_\_\_\_

Residence certification provided? Y or N Host Approved \_\_\_\_\_

Health Department Inspection and Permit: Required? Y or N Provided? Y or N

Fire Marshal Inspection Permit: Required? Y or N Provided? Y or N

APPROVED  DENIED **PERMIT VALID FOR ONE (1) YEAR.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

*Zoning Enforcement Officer*