REQUEST FOR DETERMINATION NON-CONFORMING USE, LOT OR STRUCTURE ONE AND TWO FAMILY DWELLINGS (2013)

TOWN OF STURBRIDGE ZONING BOARD OF APPEALS

| Property Owner Michael Harriman | |
|--------------------------------------|-----------------------------|
| Property Address 9 Williams Road | |
| Mailing Address 9 Williams Road, Stu | urbridge, Ma 01566 |
| Telephone 617-594-3725 | Email mharriman23@gmail.com |
| Deed Reference | Purchase Date july 2016 |
| Assessor's Map # 55680/0302 | \$25.00 Fee/Check # 102 |

1. Complete the required, existing and proposed conditions: Zoning District Rural Residential

| | Zoning Requirements | | sting litions | | posed ditions | |
|---------------------------------|------------------------|--------|------------------|-------|------------------|--|
| Minimum Lot Area | 1 Ac | 914 | 9148sf | | 9148 | |
| Minimum Frontage | 150 | 88.93 | | 88.93 | | |
| Maximum % Lot Coverage | 15 | 11 | 11.7 | | 14.1 | |
| Minimum Front Setback | 30 | 3 | 30 | | 30 | |
| Minimum Side Setbacks | 20 | 25' | 28' | 38' | 41'-8" | |
| Minimum Rear Setback | 20 | 43' 7" | 43' 7" | | 31'-7" | |
| Maximum Mean Height Allowed | 35 | 18 | | 18 | | |
| Maximum # of Stories Allowed | 2 | 1 | | 1 | | |



| Services available to the subject property: | Existing | Proposed |
|---|-----------|-----------|
| Type of water services (i.e. municipal water or private well) | Municipal | Municipal |
| Type of sewage disposal (i.e. municipal sewage disposal or private septic system) | Municipal | Municipal |
| Type of storm drainage (i.e. sewers, ditches, swales or other means) | Swales | Swales |

| 2. | Is this property presently compliant with Title V? | | | | | |
|-------------|---|-----------------|---------------|----------|---------------------------------|-----------------|
| | | Yes | | V | No | |
| 3. | Attach the fo | ollowing and | check off: | | | |
| V | A Plot Plan Survey, prepared by a Massachusetts licensed land surveyor, | | | | | |
| includ | | | | | ing structures a | |
| new st | ructures, with | setbacks; an | nd the locati | on of v | wells, septic fie | elds or septic |
| system | ıs. | | | | | |
| | A current abu | itter's list, a | vailable fron | n the T | own Assessor | 's Office. |
| | A certificate of Taxes Paid from the Director of Taxes. | | | | | |
| Resid | Describe the dential Lot | | | | | |
| 5. district | Describe the Rural Re | | the abutting | g prope | erties, neighbor | hood and zoning |
| permit | will be applie | ed, including | any demoli | tion, re | all items for wheconstruction a | |

| | plantings. Construct a raised deck at the rear of the house 12"x18-6" | | | |
|---------------------|---|----------------------------------|--|--|
| | | | | |
| | | | | |
| NOTE TO THE | TARRIAGANTE TIL TRADE | | | |
| | E APPLICANT: This ZBA Determination | | | |
| | vities identified on this application. Any ad | | | |
| | ctivities relating to this property will nullify | | | |
| this application. A | Any misstatement of facts in the application | n may be grounds for | | |
| nullification and i | revocation of the determination. The applic | cant is responsible for the cost | | |
| of Public Hearing | g Notices, to be paid at the Hearing. | | | |
| 1 | Welley Ohn | 1/26/21 | | |
| | Signature of Owner | Date | | |
| | DETERMINATION | | | |
| Based on the fact | s presented on this application and after a S | Site Inspection and Public | | |
| Hearing, the Zoni | ing Board of Appeals, by majority vote at i | its meeting on | | |
| | find that this application: | | | |
| Does | s not intensify the existing or create addition | onal non-conformities and the | | |
| owner ma | y apply for a building permit for the descri | ibed activities as shown on the | | |
| attached s | urvey forthwith. | | | |
| The | ZBA includes the following directives and | d clarifications to the Building | | |
| Inspector | | | | |
| | OR | | | |
| Does | s increase the non-conforming nature and r | requires a | | |
| | cial Permit and a | | | |
| | ance from the Zoning Board of Appeals in | cluding but not limited to the | | |
| following | | | | |
| iono wing. | • | | | |
| | Zoning Board Chairman | Date | | |