

For Official Use:

Date of Receipt: _____

Received By: _____

File Number: _____

Date of Approval: _____

Completed: _____

Not Completed: _____

Part A. General Information

1. NAME OF REGISTERED OWNER Stephen + Jamie Rudert
Address 11 Carey Rd.
City Sturbridge State MA Zip Code 01566
Telephone No. 203-974-3657
Email Address steves.allweather@gmail.com

2. NAME OF APPLICANT/ AGENT Teresa Paquin
Address 98 Gladding Lane
City Fiskdale State MA Zip Code 01518
Telephone No. 508-864-1256
Email Address tpsoper77@gmail.com

3. MATTERS RELATED TO THE APPLICATION SHOULD BE ADDRESSED TO (check one or more):

Owner Applicant/Agent

4. PROOF OF OWNERSHIP ACCOMPANYING APPLICATION: (check one):

Copy of front page of deed Parcel Registry

R E C E I V E D
FEB 22 2023

ZONING BOARD
OF APPEALS

Part B. Details of Application

5. Location of Subject Property

Municipal Address: 11 Carey Rd.

Lot(s): 11 Plan: _____

Assessment Lot Number(s): 193-04413-011

6. Is the subject property subject to any easements, rights-of-way, or other rights over adjacent properties (i.e. mutual driveway)?

Yes No

7. Existing use of Property: Residential

8. Date of construction of all existing and proposed buildings and structures on the subject property: Existing - Aug. 2019 Proposed - 2023

Services available to the subject property:	Existing	Proposed
Type of water services (i.e. municipal water or private well)	Private Well	Connect to Existing Line
Type of sewage disposal (i.e. municipal sewage disposal or private septic system)	Private Septic System	Connect to Existing Septic
Type of storm drainage (i.e. sewers, ditches, swales or other means)	swales	swales

9. Nature of Relief Requested:

Special Permit pursuant to Article/Section Article XI of the Zoning Ordinance/Bylaw which authorizes _____

to permit Accessory Dwelling Units

Detailed explanation of request:

Want to build a small single family home next to my kids.

Parcel No. 193-04413-011

I will tie into sewer + water (private)

10. Evidence to support grant of special permit:

Because of the reasons set forth below, the special permit request will be in harmony with the intent and purpose of the Zoning Ordinance/Bylaw:

Accessory unit meets subordinate size as house + garage is a total of 1,440 s.f.
Unit will be a separate unit complete housekeeping.
Owner-occupied - main dwelling.
Accessory unit is separate and will be compatible w/ primary dwelling. Unit will have sufficient parking on side.

Because of the reasons set forth below, the special permit requested will meet the additional requirements of the Zoning Ordinance/Bylaw as follows:

Neighborhood is rural residential - single family homes.
Accessory Dwelling unit is consistent and would not be detrimental to the permitted uses in the zone. Accessory dwelling will not cause hazards or create any danger to public health or safety. Unit will not impact adjacent land and parking will be developed in a way that will not cause traffic hazards.

AUTHORIZATION (Must be signed by applicant)

I hereby request that the Town of Sturbridge Zoning Board of Appeals review this application for Special Permit and/or Finding, including all plans, documents and information herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the Regulations of the Zoning Board of Appeals of the Town of Sturbridge.

Teressa Pequin
Signature of Applicant

2-16-23
Date

AUTHORIZATION (Must be signed by owner)

I am the record owner of the property for which this application is being filed and as such, I am familiar with the work proposed to be carried out on my property.

I hereby give permission for this application to be filed with the full understanding that certain restrictions may be placed on the property relative to the approval of the proposed work.

I further certify that under the penalties of perjury, I am authorized to sign this application.

Stephen C. Rusk
Signature of Owner

1/23/23
Date

If someone is representing the applicant or the owner, the applicant must designate such representative below:

Name of Representative: _____

Address of Representative: _____

Telephone No.: _____

Relationship of representative to owner or applicant: _____

If representing a group, corporation or other organization please attach a copy of the vote authorizing you to act on behalf of such organization for the purposes of this application.

An application will not be considered complete and will not be accepted by the Zoning Board of Appeals for its action until all required documentation/information has been submitted to the Town Planner and filed with the Town Clerk.

Incomplete applications will be automatically rejected and returned to the applicant.

Applications should be submitted to:

Town of Sturbridge Planning Department
Center Office Building
301 Main Street
Sturbridge, MA, 01566
508-347-2508

Applicants are *strongly* encouraged to schedule a submitted meeting with the Town Planner.