

**POMFRET ZONING ENFORCEMENT OFFICER
PLANNING & ZONING COMMISSION**

Application for Zoning Permit

(For building and/or uses listed in Section 4 and 4.2)

No. Z2020-135

Date: 6/29/20

To be completed by Applicant

Application is hereby made for a Zoning Permit for the use described herein and shown in the accompanying plans.

Applicant: Kurt & Sonia Nieminen

Address: 371 Mashamoquet Rd

Phone Number: 860-933-1299

Property Owner/Trustee: Kurt & Sonia Nieminen

Address: 371 Mashamoquet Rd

Phone Number: 860-933-1299

Engineer/Surveyor/Architect/Builder: Mike King

Address: 213 South Street
Brooklyn CT 06234

Phone Number: 860-933-1299

Location of Property: 371 Mashamoquet Rd, Pomfret

Land Records Book Volume 350 Page 246

Land Records Map: Map #29 Block #B Lot #2

Lot Size in Sq. Ft. 269,618 ± S.F.

Total Building Floor Area in Sq. Ft. 1,260

Existing Use of Land or Building Vacant milking facility

Zone _____

Proposed Use of Land or Building Office space for a Professional Counseling
and Therapeutic Activity Center

(Applicants for permitted single-family/two-family dwellings and accessory buildings or expansions or additions of such buildings on residential lots shall complete **the plot plan on the reverse side of this form**. All other are required to submit a site plan per Section 5. The ZEO reserves the right to require additional information necessary to evaluate the application for a Zoning Permit)

Signature of Applicant/Agent: [Signature]

Date: 6/1/20

Signature of Owner/Trustee: [Signature]

Date: 6/1/20

(If different than Applicant)

- Notes:
1. To be accepted by the Planning Department, the entire application must be filled completed, signed and submitted with the required fee(s) and map(s) prepared in accordance with the applicable regulations.
 2. The submittal of this application constitutes the property owner's permission of the Commission or its staff to enter the property for the purpose of inspection.
 3. A permit issued on the basis of this application certifies conformance with the Pomfret Zoning Regulations. Other permits may be required, such as those concerning driveways, wetlands, water and sewer facilities, fire protection, building code and health code. Obtaining the additional permits is the responsibility of the applicant.

To be filled in by the Zoning Enforcement Officer/Planning & Zoning Commission

Approved _____

Disapproved _____

Date _____

Fee Paid \$ _____

Reason for Disapproval: _____

Signature: _____

Zoning Enforcement Officer/Planning & Zoning Chairman

May 28, 2020

Dear Planning and Zoning Board,

We appreciate your time and consideration in reviewing this letter and application for our small business proposal. Our family has resided in North East Connecticut for many years. While Kurt, my husband, has been a life long resident of North East CT, I have had the privilege of living here for over 11 years. We started our family while living in Hampton, CT and we moved to Pomfret, CT in December 2015 and have since been happily working and raising our five children (four girls and one boy) in our "forever home". We take pride in this beautiful and quiet corner of our state. I work as a local Licensed Professional Counselor helping clients to improve their quality of life and Kurt works with the State as a Agriculture/Dairy inspector to ensure the safety of our local farms and products. Our four oldest children are hardworking students at Pomfret Community School and are involved in 4-H. Our youngest child is 17 months old.

We are writing to you to seek your approval to convert the old milking facility on our farm located at 371 Mashamoquet Rd, Pomfret Center into office space. I, Sonia Nieminen (owner), would operate the office space as a Professional Counseling Services Center under the name of "Healing Acres Professional Counseling & Therapeutic Activity Center." The goal would be to service the mental health needs of children, adolescents, and adults located in Pomfret and the surrounding rural communities. The hope is to create a professional atmosphere that incorporates the use of therapeutic animal assisted techniques utilizing the animals of our working farm.

My husband and I currently operate and will continue to operate a working farm on the property. We raise and breed dairy cattle. Breeding stock and embryos are then sold. We also have poultry and may in the future add some other species of livestock to the therapeutic program of the counseling practice. Along with working with the animals in a therapeutic setting, it is our hope to pass along knowledge of modern agriculture techniques and knowledge regarding where food comes from to interested clients. The farm is overseen by Kurt Nieminen (owner) who is employed by the CT Department of Agriculture as an Agriculture Inspector. Kurt inspects Dairy Farms and Dairy Plants and has a vast knowledge of public health and animal husbandry.

I, Sonia, am a Licensed Professional Counselor (CT License # 002823) with over ten years of experience working in North East Connecticut. I service the needs of clients looking to improve their quality of life. My clients voluntarily seek out professional counseling services to address common issues including but not limited to: anxiety, stress management, career development, depression, eating disorders, adjustment related issues, ADHD, etc. I am a counselor who is connected with local area schools. I have a collaborative and therapeutic working relationship with several school counselors and together we address the needs of school children as well. I have come to understand the tremendous benefit that

animal assisted therapy has on individuals of all ages and I am seeking to provide this option to clients within the Healing Acres Counseling Practice. I also have worked with some veterans in the past and I am looking to continue to service our heroes by utilizing the serene and therapeutic atmosphere of our farm. In addition to myself, the extra office space will be utilized by two additional professional counselors and/or social workers allowing the practice to most efficiently serve the community's mental health needs.

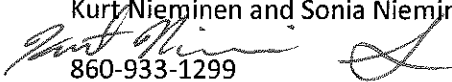
The old milking facility that will be converted to office space for the practice is sixty feet long by twenty-one feet wide. The square footage would be 1,260 feet for the entire office facility. There will be four offices, a waiting room, a small break/storage room and one bathroom with toilet and sink. The building sits on a concrete pad. A drawing of the building plan is included with this application. A new septic system will be installed for the bathroom. The proposed septic system's location is on the site map. A septic plan has been approved by the North East Health District (letter included). All proper permits from the Health Department including the permit to construct the septic will be obtained immediately after approval by zoning. The building will utilize water from the well that serves the house. Propane heat and AC will be utilized in the facility. A separate parking area will be made for the business (Please see the added parking plan).

Regular business hours will be seven days a week from 8am – 9pm with clients not seen after 9pm.

Kurt and I sincerely hope that you will accept our proposal. We are confident that this small business will serve as a unique and tremendous asset to our local and surrounding communities. Please let us know if you have any questions.

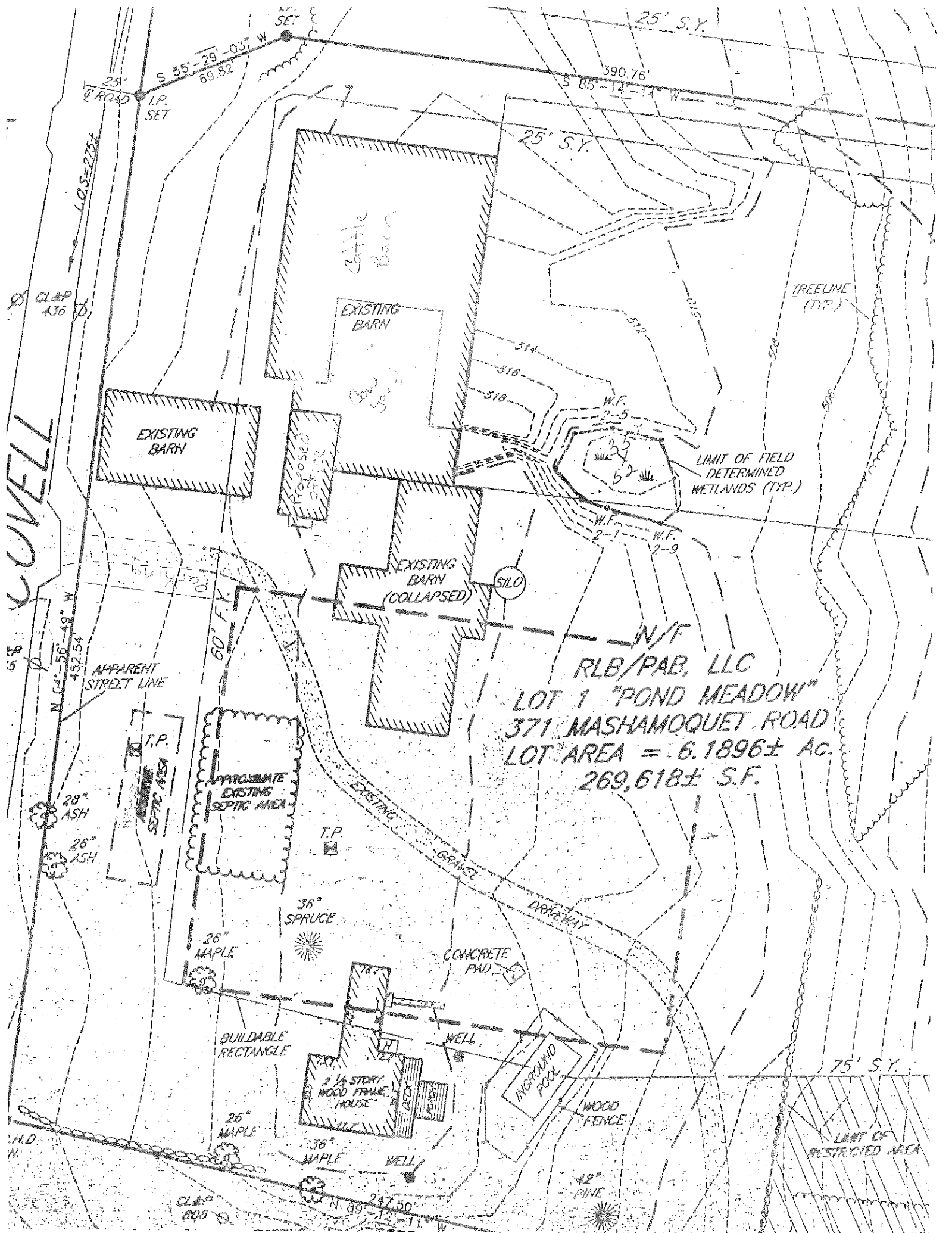
Thank you,

Kurt Nieminen and Sonia Nieminen

Handwritten signatures of Kurt Nieminen and Sonia Nieminen in cursive script.

860-933-1299

holstein33@yahoo.com



LOVELL

H.D.
N.

CL&P
436

CL&P
808

S 55°-28'-03" W
69.82
I.P.
SET

APPARENT
STREET LINE

T.P.
SEPTIC AREA

28" ASH

26" ASH

28" MAPLE

BUILDABLE
RECTANGLE

26" MAPLE

36" MAPLE

36" SPRUCE

2 1/2 STORY
WOOD FRAME
HOUSE

WELL

WELL

N 89°-12'-11" W
247.50

Parking

60' F.F.

EXISTING

GRVEL

DRIVEWAY

CONCRETE
PAD

WELL

WOOD FENCE

INGROUND
POOL

WELL

42" PINE

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N/F
RLB/PAB, LLC
LOT 1 "POND MEADOW"
371 MASHAMOQUET ROAD
LOT AREA = 6.1896± AC.
269,618± S.F.

75' S.Y.

LIMIT OF
RESTRICTED AREA

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NORTHEAST DISTRICT DEPARTMENT OF HEALTH

69 SOUTH MAIN STREET, UNIT 4, BROOKLYN, CT 06234

860-774-7350/Fax 860-774-1308 WWW.NDDH.ORG

May 22, 2020

Kurt & Sonia Nieminen
371 Mashamoquet Road
Pomfret Center, CT 06259

**SUBJECT: FILE #5005290 - MASHAMOQUET ROAD #371, MAP #29, BLOCK #B, LOT #002.00,
POMFRET, CT**

Dear Kurt & Sonia Nieminen:

The subject plan (JEFF STRMISKA, NIEMAINEN, DRAWN 5/13/2020, REVISED BY NDDH 5/22/2020) submitted on 5/13/2020 has been reviewed, as requested. Following completion of this review, it has been determined that the subject plan will meet the requirements of the Technical Standards for a home office based on the following:

1. Installer must stake septic system with flowline or bottom of trench elevation marks on offsets.
2. Permanent benchmark to be set within 50 feet horizontally and 12 feet vertically of septic system.
3. A bottom of excavation inspection is required once the topsoil has been removed.
4. A current sieve analysis of select fill material (within past 30 days) must be submitted to the Northeast District Department of Health (NDDH).
5. Select fill is to be perced once in place.
6. Installer to schedule and be present for the final inspection with NDDH staff. Level to be set up for verification of elevations OR an Engineer's As Built will be required.

This letter is NOT to be construed as an APPROVAL TO CONSTRUCT the septic system and DOES NOT indicate that the Northeast District Department of Health endorses approval for issuance of any building permit.

Prior to the start of construction of the septic system, you must apply for your Approval to Construct Permit and submit the applicable fees to this office. A set of the floor plans of your house must be submitted to NDDH for review. Your CT licensed installer must come in to this department to sign for the permit if we do not have his signature on file. Office hours are Mon - Thurs 8 am - 4 pm, Fri 8 am - Noon.

THE OWNER IS RESPONSIBLE TO SEEK PROPER AUTHORIZATION FROM ALL TOWN AGENCIES PRIOR TO START OF CONSTRUCTION.

Should you have any questions, please do not hesitate to contact this office.

Sincerely,

Brittany Otto, EHS
Environmental Health Specialist ~ NDDH

cc: Pomfret Building Official; Jeff Strmiska

Jeff Strmiska
Kurt Nieminen
371 mashamoguet Rd.

Pomfret File #
5005290

NORTHEAST DISTRICT
DEPT OF HEALTH

MAY 13 12:22

Scale 1"=20'

Office Building

1000 gal 2comp Tank w/ 10' filter

120' x 42' x 12" dia, 10' pipe / 5' tan trench

max into grade 20' x 6"

no wells with in 75' system

MLSS H.F. F.F. P.F.
TPB1=24 34 1.0 = 38

42 x .42 x 1.0 = 17.64

design flow
app rate

120 ÷ 1.5 = 84 gpd
84 ÷ 3.0 = 28 line
gpd

B.M. 100.00

max into grade 70' x 8"

New 1000 gal 2comp Tank w/ 10' filter

Bottom trench 94.5

F.L. 94.65

6" = .5

BM 95.5 = 94.5
FL 94.5 + .5 = 95.0

[28' trench]

TP B2 45' 28' spot Elev 95.00

spot 95.00 15' 5' 4 1/2

prop line

Cove 11 Road

proposed
Office

B.M. 100.00
Barn

Sleeve under driveway

80' SCH 40
5' 10" dia 1/8" min. ft.

Road way

NORTHEAST DISTRICT DEPARTMENT OF HEALTH

FILE # 5005290 REV # PLAN REC'D DATE 5/13/20

SITE PLAN AS SURVEY TP REDLINE # OF COPIES

REVIEWED BY DATE 5/22/2020

SENT TO STATE DATE

APPROVED X APPROVED SEE LETTER

REJECTED REVISION REQUIRED

RELEASE TO ENGINEER ONLY PRELIMINARY COPIES TO ENGINEER

Parking Plan

The plan would be for clients to enter the property from Covell Rd via an existing driveway. This driveway continues across the property to Mashamoquet Rd. Driveway access to Mashamoquet would be blocked so clients can't have access. Upon entering the property via Covell, clients and staff would park on the right side of the driveway in an 80ft by 20ft area. The parking area will be composed of packed gravel. The office building is 1,260 square feet and there will be two non-family clinicians. This area should allow room for up to 8 large vehicles. The parking area is shown on the site plan.

Sonia Nieminen
371 Mashamoquet Road
Pomfret Center, CT 06259

July 2, 2020

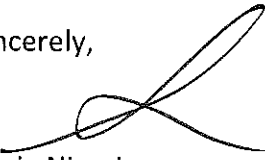
Pomfret, Town Of
5 Haven Road
Pomfret Center, CT 06259

To Whom It May Concern,

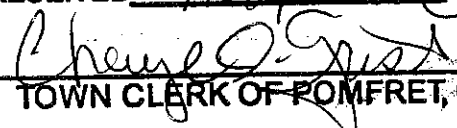
This letter is to advise you that we have an application before the Pomfret Planning and Zoning Commission for 371 Mashamoquet Rd. We are requesting a special permit for a home occupation regarding a professional counseling and therapeutic activity center in the old milking facility on our property. A Public Hearing for this special permit request will be held on July 15, 2020 at 7pm via Zoom. As an abutter, you are welcome to attend the public hearing (via computer or telephone) and submit any questions or concerns you may have regarding this application through the chat feature. You will be able to get the meetingID# and password from the agenda that will be posted on the Planning & Zoning Commission section of the Town website at Pomfretct.gov . The agenda will be posted on Monday, July 13, 2020.

Thank you for your time and consideration in this matter.

Sincerely,



Sonia Nieminen

12:30
RECEIVED 07/06/2020 A.M.
P.M.

TOWN CLERK OF POMFRET, CT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Town of Pomfret
5 Haven Rd
Pomfret Center, CT 06259

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charles R. Plow* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Elaine Nelson

C. Date of Delivery

7/6/20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Novembers Horizons LLC
368 Chase Road
Thompson, CT 06277

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C19 (C) USPS* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Edgar Cordero

C. Date of Delivery

7/7/2020

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William III Wolfe + Carrie Wolfe
185 Covell Road
Pomfret Center, CT 06259

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C. Wolfe* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

07/07/20

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State of Connecticut
79 Elm Street
Hartford, CT 06106

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Blanchard* ☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-6-20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
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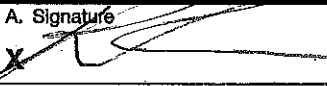
(over \$500)

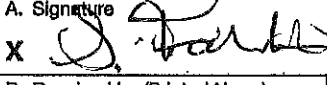



9590 9402 4220 8121 9353 84


2. Article Number (Transfer from service label)

7018 3090 0001 7220 3690

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Kenneth r Susan Corbin P.O. Box 374 Pomfret, CT 06258 06259		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to: Seth D Fortier 194 Covell Rd Pomfret Center, CT 06259		B. Received by (Printed Name)	C. Date of Delivery 7/6/20
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: George Avery 394 Mashamoquet Rd Pomfret Center, CT 06259		B. Received by (Printed Name)	C. Date of Delivery 7/6/20
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Reid H Johnson 197 Covell Rd Pomfret Center, CT 06259		B. Received by (Printed Name)	C. Date of Delivery 7/6/20
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	



9590 9402 4220 8121 9354 21

2. Article Number (Transfer from service label) 7018 3090 0001 7220 3652	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sylvia Starr
212 Covell Road
Pomfret Center, CT 06259

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X S. Starr

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6/20

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Patricia M Roy
228 Covell Rd
Pomfret Center, CT 06259

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert Belmont

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6/20

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- No

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gregory J Peservich
P.O. Box 412
Pomfret, CT 06259

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Gregory J Peservich

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6/2020

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- No

3. Service Type

☐ Priority Mail Express®

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kelsey Wilcox
198 Covell Rd
Pomfret Center, CT 06259

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kelsey Wilcox

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

7/6/20

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- ☐
- Yes
-
- ☐
- No

3. Service Type

- ☐
- Priority Mail Express®
-
- ☐
- Registered Mail™
-
- ☐
- Registered Mail Restricted Delivery
-
- ☐
- Return Receipt for Merchandise
-
- ☐
- Signature Confirmation™
-
- ☐
- Signature Confirmation Restricted Delivery

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)

9590 9402 5430 9189 4035 72

2. Article Number (Transfer from service label)

7018 3090 0001 7220 3744