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Salisbury; Town of  
PO BOX 548  
Salisbury, CT 06068

Phone: 860-435-5182

Your sales rep is: MICHELLE EISENMAN

Issue Dates	Description	Amount
Running in The Lakeville Journal and The Lakeville Journal Digital Ed.: 06/30/22 - 07/07/22	Legals - 46 Lines 2 insertions Legal Ad #653757	\$ 151.80
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TOTAL CHARGES ----->		\$ 151.80

Heading: 999 — Legal Notice  
Ad #653757  
Scheduled for: 06/30/22, 07/07/22

<b>Legal Notice</b> The Zoning Board of Appeals of the Town of Salisbury will hold a Public Hearing on Application #2022-0188 by Janet Andre Block for a Variance, 4 Main Street, Salisbury, Map 54, Lot 15 per Section 304.1 and 300.3 of the Salisbury Zoning Regulations. The hearing will be held on Tuesday, July 12, 2022 immediately after the regularly scheduled business of the meeting or at 5:30PM, whichever occurs first. This meeting will be held	virtually via Zoom (Remote Meeting by Live Internet Video Stream and Telephone), where interested persons can listen to & speak on the matter. The application, agenda and meeting instructions will be listed at <a href="http://www.salisburyct.us">www.salisburyct.us</a> . Written comments may be submitted to the Land Use Office before 4:00PM on Monday July 11, 2022, Salisbury Town Hall, 27 Main Street, P.O. Box 548, Salisbury, CT or via email to <a href="mailto:aconroy@salisburyct.us">aconroy@salisburyct.us</a> . Paper copies maybe	reviewed, by appointment, Monday through Thursday between the hours of 8:00AM and 3:30PM. Salisbury Zoning Board of Appeals Stacie Weiner, Secretary 06-30-22 07-07-22
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Certified Mail  
Return Receipt Requested

July 18, 2022

Vijaya Souri  
2 Main Street  
Salisbury, CT 06068

Dear Sir or Madam:

The Zoning Board of Appeals of the Town of Salisbury will hold a Public Hearing on Application #2022-0188 by Janet Andre Block for a Variance, 4 Main Street, Salisbury Map 54, Lot 15 per Section 304.1 and 300.3 of the Salisbury Zoning Regulations. The hearing will be held on Tuesday, August 2, 2022, immediately after the regularly scheduled business of the meeting or at 5:30PM, whichever occurs first. This meeting will be held virtually via Zoom (Remote Meeting by Live Internet Video Stream and Telephone), where interested persons can listen to & speak on the matter. The application, agenda and meeting instructions will be listed at [www.salisburyct.us](http://www.salisburyct.us). Written comments may be submitted to the Land Use Office before 4:00PM on Monday, August 1, 2022, Salisbury Town Hall, 27 Main Street, P.O. Box 548, Salisbury, CT or via email to [aconroy@salisburyct.us](mailto:aconroy@salisburyct.us). This application is on file in the Salisbury Town Hall and at [www.salisburyct.us](http://www.salisburyct.us). Paper copies may be reviewed, by appointment, Monday through Thursday between the hours of 8:00 AM and 3:30 PM.

Please feel free to contact the undersigned if you have any questions or concerns prior to the Public Hearing.

Georgia Petry  
Administrative Assistant

Abby Conroy  
Land Use Administrator

ZONING BOARD OF APPEALS

Telephone: 860-435-5170  
Fax: 860-435-5172  
Email: [zoningappeals@salisburyct.us](mailto:zoningappeals@salisburyct.us)



Town Hall  
P.O. Box 548  
27 Main Street  
Salisbury, Connecticut 06068

Certified Mail  
Return Receipt Requested

June 27, 2022

Souri Vijaya  
2 Main Street  
Salisbury, CT 06068

Dear Sir or Madam:

The Zoning Board of Appeals of the Town of Salisbury will hold a Public Hearing on Application #2022-0188 by Janet Andre Block for a Variance, 4 Main Street, Salisbury Map 54, Lot 15 per Section 304.1 and 300.3 of the Salisbury Zoning Regulations. The hearing will be held on Tuesday, July 12, 2022, immediately after the regularly scheduled business of the meeting or at 5:30PM, whichever occurs first. This meeting will be held virtually via Zoom (Remote Meeting by Live Internet Video Stream and Telephone), where interested persons can listen to & speak on the matter. The application, agenda and meeting instructions will be listed at [www.salisburyct.us](http://www.salisburyct.us). Written comments may be submitted to the Land Use Office before 4:00PM on Monday, July 11, 2022, Salisbury Town Hall, 27 Main Street, P.O. Box 548, Salisbury, CT or via email to [aconroy@salisburyct.us](mailto:aconroy@salisburyct.us). This application is on file in the Salisbury Town Hall and at [www.salisburyct.us](http://www.salisburyct.us). Paper copies may be reviewed, by appointment, Monday through Thursday between the hours of 8:00 AM and 3:30 PM.

Please feel free to contact the undersigned if you have any questions or concerns prior to the Public Hearing.

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Administrative Assistant

Abby Conroy  
Land Use Administrator

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☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

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MICHAEL & KATHY WOLDSTAD  
Street and Apt. No., or PO Box No.

8 MAIN ST.

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7020 0640 0002 0387 1778

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for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
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- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
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1. Article Addressed to:

MICHAEL & KATHY VOLDSTAD  
8 MAIN ST  
SARASOTA, CT 06068



9590 9402 7372 2028 8203 64

2. Article Number (Transfer from service label)

7020 0640 0002 0387 1778

**COMPLETE THIS SECTION ON DELIVERY**

2022-0188

A. Signature

*[Handwritten Signature]*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

K VOLDSTAD

C. Date of Delivery

7.6.22

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

3. Service Type

☐ 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

3. Service Type

☐ 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

☐ Signature Confirmation

☐ Restricted Delivery

USPS TRACKING #



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USPS  
Permit No. G-10

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ZONING BOARD OF APPEALS  
TOWN OF SALISBURY  
P.O. Box 548  
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OFFICIAL USE

Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_
- ☐ Return Receipt (electronic) \$ \_\_\_\_\_
- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
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Postage

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Total Postage and Fees

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City, State, ZIP+4®

MICHAEL + KATHY VOUTSTAD  
8 MAIN ST.  
SALISBURY, CT 06068

7022 0410 0002 6491 1566



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for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

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**IMPORTANT: Save this receipt for your records.**

**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:

NICHAELE + KATHY VOLDSTAD  
8 MAIN ST.  
SALISBURY, CT 06068

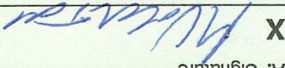


9590 9402 7168 1251 0652 37

2. Article Number (Transfer from service label)

7022 0410 0002 6491 1566

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature 	
B. Received by (Printed Name) H. Voldstad	C. Date of Delivery JUL 23 2022
D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	

POSTBOX 126  
JUL 23 2022

3. Service Type
- ☐ Adult Signature Restricted Delivery
  - ☐ Adult Signature Restricted Mail™
  - ☐ Priority Mail Express®
  - ☐ Registered Mail™
  - ☐ Registered Mail Restricted Delivery
  - ☐ Certified Mail®
  - ☐ Certified Mail Restricted Delivery
  - ☐ Collect on Delivery
  - ☐ Collect on Delivery Restricted Delivery
  - ☐ Insured Mail
  - ☐ Insured Mail Restricted Delivery (er \$500)

USPS TRACKING#



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 7168 1251 0652 37

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

TOWN OF SAUSBURY  
ZONING BOARD OF APPEALS  
P.O. BOX 548  
SAUSBURY, CT 06068

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Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_
- ☐ Return Receipt (electronic) \$ \_\_\_\_\_
- ☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_
- ☐ Adult Signature Required \$ \_\_\_\_\_
- ☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage

\$

**Total Postage and Fees**

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

JANET ANDRE BLOCK  
P.O. BOX 530  
DAVISBURY, CT 06068

2890 1649 2000 0140 2202  
2022 0410 0002 6491 0682

## Certified Mail service provides the following benefits:

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**IMPORTANT: Save this receipt for your records.**

2022 - 0188 4 Main

## 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:

JANET ANDRE BLOCK  
P.O. BOX 530  
SAUSBURY, CT 06068



9590 9402 7168 1251 0652 06

2 Article Number (Transfer from service label)

7022 0410 0002 6491 0682

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

ANNA K PATTISON

## C. Date of Delivery

7-25-22

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

- ☐ 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)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING#



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OFFICIAL USE

Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ \_\_\_\_\_  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

JANET ANDRE BLOCK  
R.O. BOX 530  
SALISBURY, CT 06068

7020 0640 0002 0387 1785



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**IMPORTANT: Save this receipt for your records.**

21614 2022-0188 4 Main

**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:

JANET ANDRE BLOCK  
PO. BOX 530  
SALISBURY, CT 06068



9590 9402 7372 2028 8203 71

2. Article Number (Transfer from service label)

7020 0640 0002 0387 1785

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Anna Pattison*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

ANNA PATTISON

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

red Mail Restricted Delivery  
r \$500)

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USPS  
Permit No. G-10

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United States  
Postal Service

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