

RECEIVED

☐ Change of use approved
☐ Change of use referred to P & Z

NOV - 5 2020
Date of receipt
(Per State Statute)

TOWN OF NORTH HAVEN
LAND USE AND DEVELOPMENT

TOWN OF NORTH HAVEN
PLANNING AND ZONING COMMISSION
CHANGE OF USE FORM

(Must be submitted by the owner of the property)

ADDRESS - 100 Broadway Lower Level
(Address and location of property)

PRESENT USE: Office (Medical) ZONE IL - 80
& NAME OF BUSINESS

PROPOSED USE: Studios for Enhanced Development Opportunities REGULATION: 5.1.1.16
& NAME OF BUSINESS One With Nature (That permits the use)

PLEASE COMPLETE THE FOLLOWING:

1,500 SF Present Use - gross square footage
1,500 SF Proposed use - gross square footage
Present use - parking calculations
Proposed use - parking calculations
Will any exterior or site work be done as a result of the change of use?

This form has been sent to: _____
(Date)

DATE/I.D # OF APPROVED SITE PLAN _____

The following departments have 10 business days to respond to this application with comments or objections.

☐ QVHD ☐ Police Department
☐ Engineering Department ☐ Public Works
☐ Fire Department ☐ Assessor

DATE: _____ REV. _____

CONDITIONS OF APPROVAL (ADDITIONAL CONDITIONS/RECOMMENDATIONS ARE ATTACHED:

1. Contact Building Department for permits and/or before occupying building.
2. Contact Fire Department to insure all fire codes are set.
3. Sign permits are required for wall and free standing signs (application attached)

Ashley Mesa
Leasee's signature

Ashley Mesa
Print leasee's name

55 Marshall St. West Haven, CT
Leasee's address

203-927-3348
Leasee's phone number

Frank Pullano
Owner's signature

Frank Pullano
Print owner's name

339 Washington Avenue North Haven
Owner's address

203 234-2353
Owner's phone number

ZONING ENFORCEMENT OFFICER

DATE

____ Change of use approved
____ Change of use referred to P & Z

____ Date of receipt
(Per State Statute)

TOWN OF NORTH HAVEN
PLANNING AND ZONING COMMISSION
CHANGE OF USE FORM
(Must be submitted by the owner of the property)

RECEIVED

NOV -2 2020

TOWN of NORTH HAVEN
LAND USE AND DEVELOPMENT

ADDRESS – 410 Universal Drive North, North Haven, CT 06473

(Address and location of property)

PRESENT USE: Retail **ZONE** IL80
& NAME OF BUSINESS Vacant (Former retail use) Staples

PROPOSED USE: Restaurant **REGULATION:** _____
& NAME OF BUSINESS Jersey Mike's (That permits the use)

PLEASE COMPLETE THE FOLLOWING:

3940 SF Present Use – gross square footage
1666 SF Proposed use – gross square footage
____ Present use - parking calculations
____ Proposed use – parking calculations
Yes Will any exterior or site work be done as a result of the change of use?

This form has been sent to: _____
(Date)

DATE/L.D # OF APPROVED SITE PLAN _____

The following departments have 10 business days to respond to this application with comments or objections.

____ QVHD _____ Police Department
____ Engineering Department _____ Public Works
____ Fire Department _____ Assessor

DATE: _____ REV. _____

CONDITIONS OF APPROVAL (ADDITIONAL CONDITIONS/RECOMMENDATIONS ARE ATTACHED:

1. Contact Building Department for permits and/or before occupying building.
2. Contact Fire Department to insure all fire codes are set.
3. Sign permits are required for wall and free standing signs (application attached)

Mitchell Thomson
Leasee's signature

Terence McKeever
Owner's signature

Mitchell Thomson
Print leasee's name

Terence McKeever
Print owner's name

169 Jennifer Rd Fairfield CT 06824
Leasee's address

One Fayette St., Suite 150, Conshohocken, PA 19428
Owner's address

732 865-1274
Leasee's phone number

646-344-8683
Owner's phone number

Mthomson@jmkmsubs.com

ZONING ENFORCEMENT OFFICER

DATE

Change of use approved
Change of use referred to P & Z

11/2/20

Date of receipt
(Per State Statute)

TOWN OF NORTH HAVEN
PLANNING AND ZONING COMMISSION
CHANGE OF USE FORM
(Must be submitted by the owner of the property)

ADDRESS - 262 state st, North Haven
(Address and location of property)

PRESENT USE: office ZONE CB-40
& NAME OF BUSINESS Green Check Verified

PROPOSED USE: ~~medical supplies~~ Retail REGULATION: 4.4.1.13
& NAME OF BUSINESS TBD (That permits the use)

PLEASE COMPLETE THE FOLLOWING:

3000 Present Use - gross square footage
3000 Proposed use - gross square footage
Present use - parking calculations
Proposed use - parking calculations
Will any exterior or site work be done as a result of the change of use?

RECEIVED

NOV -2 2020

TOWN of NORTH HAVEN
LAND USE AND DEVELOPMENT

This form has been sent to: _____
(Date)

DATE/I.D # OF APPROVED SITE PLAN _____

The following departments have 10 business days to respond
to this application with comments or objections.

QVHD Police Department
Engineering Department Public Works
Fire Department Assessor

DATE: _____ REV. _____

CONDITIONS OF APPROVAL (ADDITIONAL CONDITIONS/RECOMMENDATIONS ARE ATTACHED:

1. Contact Building Department for permits and/or before occupying building.
2. Contact Fire Department to insure all fire codes are set.
3. Sign permits are required for wall and free standing signs (application attached)

~~Ray~~ Nutmeg Home Medical
Leasee's signature

~~Ray~~
Owner's signature

Ray Pantaleone
Print leasee's name

Ray Pantaleone
Print owner's name

188 Bartlett Dr, Madison Ct
Leasee's address

188 Bartlett Dr.
Owner's address madison, ct 06443

203 530 8885
Leasee's phone number

203 530 8885
Owner's phone number

ZONING ENFORCEMENT OFFICER

DATE