

6-12-20 Date of Receipt  
\$75/60 Fee and date paid

#20-15 File Number  
Approval date

TOWN OF NORTH HAVEN  
PLANNING AND ZONING COMMISSION  
**APPLICATION FORM**  
(Only one item per form)

444 STATE STREET MAP 26, LOT 55 CB-40/R20 171,514 SF  
(ADDRESS OF BUILDING OR BLOCK MAP, BLOCK & LOT NUMBER) ZONE TOTAL SQUARE FOOTAGE

THIS APPLICATION IS FOR AND **MUST** INCLUDE THE FOLLOWING:

- Site plan approval (Submit 14\* copies of the site plan) ▶ 1 original and 14 copies of the application  
Certified A-2 Survey)
- 2 Copies of Bond Estimate Form \* **14 PLANS @ 24" X 36"**
- 4.4.1.26 Cite the regulation that permits the proposed use

**TITLE OF PLAN:** SITE PLAN FOR PROPOSED SERVICE BAYS ADDITION

- Date and most current revision date of plan: 6/10/2020
- CAM site plan review (Submit 14\*copies)
- Amend zoning regulations Section to be amended (submit 8 copies of proposed amendment)
- Proposed zone change (Submit 14\* copies of location map)
- Special Permit Cite regulation that authorized the special permit
- Fill Permit (Submit 14\* copies)
- Excavation permit (Submit 14\*copies)
- Permit to grade or regrade the property (Submit 14\* copies of a certified plan showing existing grades and proposed grades)

**ANSWER ALL QUESTIONS THAT ARE APPLICABLE OR WRITE N/A:**

- Does the property for which this application is submitted:
- Lie within 500' of an adjoining municipality or will traffic or water drainage impact an adjoining municipality
- Lie within the Coastal Area Management boundary
- N/A Contain any wetlands and/or watercourses
- N/A Lie within the Aquifer Protection Zone
- N/A Lie within the Channel Encroachment Zone
- N/A Lie within the flood plain or flood way
- N/A Lie within 50' of the Quinnipiac River or Muddy River

RECEIVED

JUN 12 2020

TOWN of NORTH HAVEN  
LAND USE AND DEVELOPMENT

JAMES M. PRETTI, JR. P.E., L.S.  
CRISCUOLO ENGINEERING LLC  
ENGINEER'S NAME  
OWNER IS APPLICANT  
Print Applicant's Name

201-481-0807 203-488-5729  
ENGINEER'S PHONE NUMBER FAX NUMBER  
444 STATE STREET, LLC  
Print Owner's Name

Applicant's Address  
Applicant's Phone Number Fax Number

c/o John Orsini, Executive Auto Group,  
1180 No.Colony Road,Wallingford, CT 06492  
Owner's Address  
203-909-1063  
Owner's Phone Number

John Orsini  
Applicant's Signature

John Orsini  
Owner's Signature

WALL LEGEND	
	PROPOSED WALL
	FRAMELESS GLASS
	CURTAIN WALL
	HALF WALL WITH GLASS ABOVE
	EXISTING WALL TO REMAIN

NOTE: AOR TO PROVIDE REQUIRED BY LOCATION BY SERVICE SHOP COORDINATE EXACT LOCATION W/ DEALER AND OR SERVICE MANAGER.

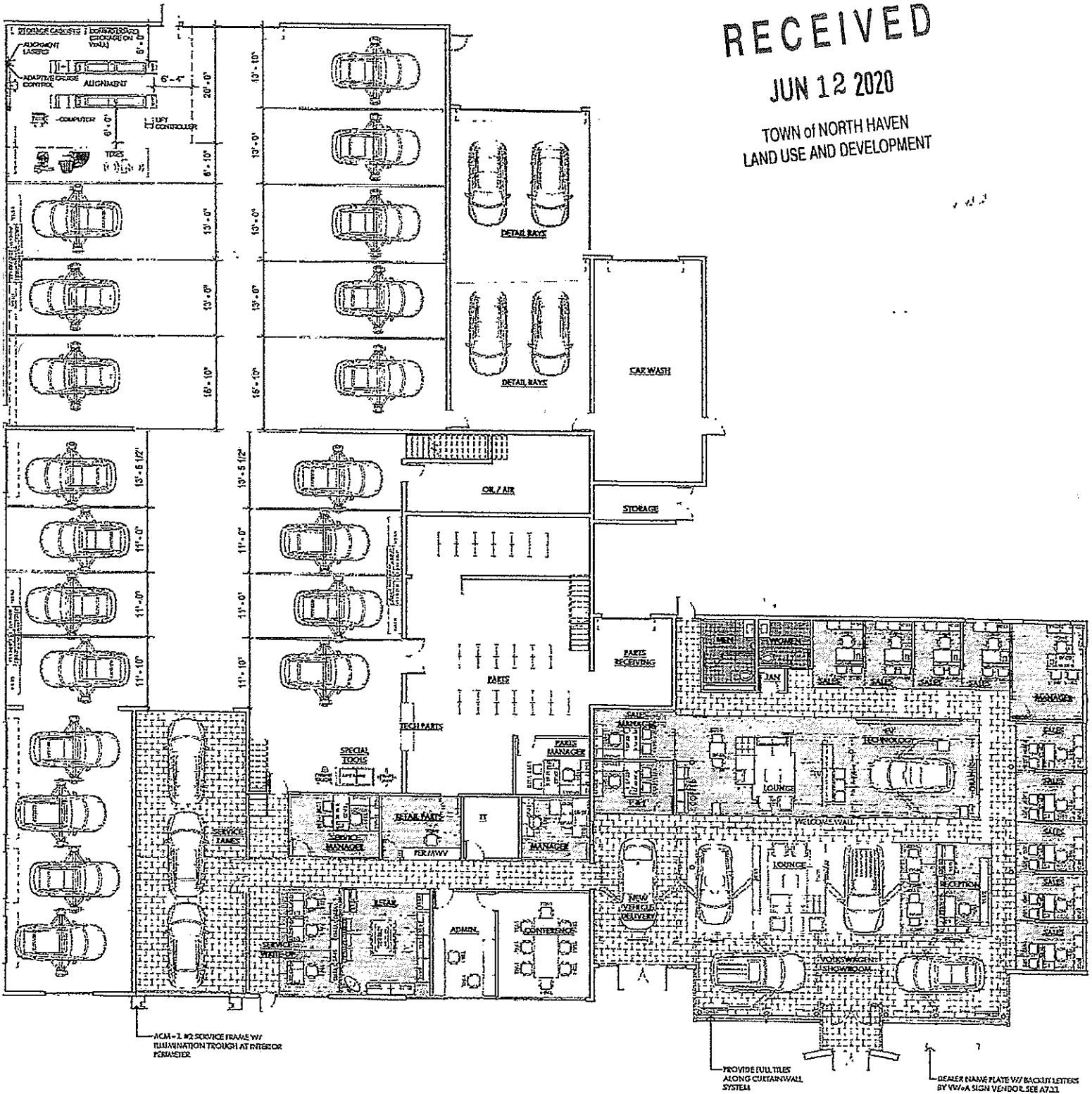
NOTE: AOR TO VERIFY FINAL TOOL ROOM, ELECT. ROOM, COMPRESSOR AND SINK OR UNIT ROOM SIZES W/ SUPPLIERS / DEALER PRIOR TO CONSTRUCTION. PROVIDE REQUIRED CLEARANCES AND ADJUST SIZE OF ROOM / ENCLOSURE DIMENSIONS AS C.E.P. REQUIRED TO ACCOMMODATE.

NOTE: AOR TO VERIFY ALIGNMENT BAY MEETS V.W. MINIMUM CLEARANCE REQUIREMENTS FOR RECESSED ALIGNMENT & CALIBRATION BAY OF 20'-0" x 20" TO ALLOW LOADING AND CLEARANCE FOR CAMERA / DRIVER ASSIST CALIBRATION.

**EV-Vehicle Hoist Requirements**

MAXIMUM UNOBTSTRUCTED CLEARANCE BETWEEN SUPERSTRUCTURE POSTS IS 67". RECOMMEND 70".  
 LIFTING CAPACITY GREATER THAN 8,000 LBS.  
 MULTIPLE ABOVE-GROUND OPTIONS AVAILABLE. ONLY A FEW IN-GROUND OPTIONS AVAILABLE AT THIS TIME.  
 SERVICE BAY SHOULD INCLUDE POWER TO SUPPORT 240V & 480V CHARGING STATIONS.  
 BECAUSE OF THE EXTRA ROOM REQUIRED, THE WORKSPACE SHOULD BE AS LARGE AS POSSIBLE AND HAVE AN ADJACENT LOGISTICS/REPAIR AREA.  
 EV SERVICE BAY TO BE LOCATED ADJACENT TO A FLAT SERVICE BAY W/ NO LIFT.

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**Executive Volkswagen**  
 First Floor Plan

**SHEET NOTES**  
 SEE SHEETS #22 THROUGH #24 FOR MATERIAL SCHEDULES.  
 SEE FLD-ELA FOR FIXTURE SCHEDULES.  
 ALL VEHICLES IN SHOWROOM TO HAVE FLUSH FLOOR MOUNTED POWER SUPPLY BELOW ENGINE COMPARTMENT.  
 IT IS RECOMMENDED THAT ELECTRIC VEHICLE CHARGING ACCESS IS PROVIDED IN SERVICE BAY. EXACT FIXTURE SIZES, POWER REQUIREMENTS AND LOCATIONS TO BE DETERMINED BY FURNITURE & FIXTURE SUPPLIERS.  
 INCLUDE DETAILS ON SHEETS #42 THROUGH #44 IN CD SUBMITTAL.  
 NOTE: ALL STAIRS VISIBLE TO CUSTOMERS SHALL HAVE TIE-9 (TYP).

PROVIDE ROUND COLUMNS AT FRONT FACADE. SEE COLUMN AS REQ'D. IDEALLY ALIGNED ON CENTER WITH WINDOW MULTIPANS BY AOR. FINISHED BY ARCHITECT OF RECORD.  
 SERVICE DEPARTMENT - THE REQUIRED CLEAR HEIGHT FOR ALL SERVICE BAYS TO BE 10'-0" HIGH CLEAR MINIMUM PER V.W. GC ARCHIT TO CONFRM. AOR TO VERIFY ACCESSIBILITY / EGRESS REQUIREMENTS OF 2ND FLOOR.  
 ALL HALF WALLS INDICATED ON PLANS & SECTIONS TO BE 5'-0" HIGH.  
 NOTE: ALL INTERIOR MATERIAL FINISHES SUBMITTED IN "CONSTRUCTION DRAWING" SUBMITTALS TO MATCH BIDDING DRAWING CALLOUTS.