

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

RECEIVED
Date of receipt
(Per State Statute)
APR - 6 2021

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

TOWN of NORTH HAVEN
LAND USE AND DEVELOPMENT

ADDRESS - 8 Devine Street

(Address and location of property)

PRESENT USE: Gaylord/Healthtrax **ZONE** _____
& NAME OF BUSINESS _____

PROPOSED USE: Gaylord Hospital Rehabilitation **REGULATION:** _____
& NAME OF BUSINESS _____ (That permits the use)

PLEASE COMPLETE THE FOLLOWING:

4,978 Present Use – gross square footage (USABLE SQUARE FOOTAGE)
11,737 Proposed use – gross square footage (USABLE SQUARE FOOTAGE)
25 Present use - parking calculations
59 Proposed use – parking calculations
NO 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 _____

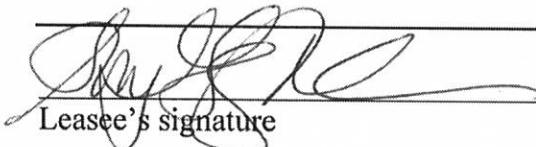
The following departments have 10 business days to respond to this application with comments or objections.

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)


Leasee's signature

amanda houghton
amanda houghton (Apr 5, 2021 11:47 PDT)
Owner's signature

Sonya A LaBarbera President + CEO
Print leasee's name Gaylord Hospital

amanda houghton
Print owner's name

50 Gaylord Farm Rd
Leasee's address Wallingford CT 06492

Amanda Houghton
Owner's address

(203) 284-2741
Leasee's phone number

480-998-3478
Owner's phone number

ZONING ENFORCEMENT OFFICER

DATE