

\_\_\_\_\_ Date of Receipt \_\_\_\_\_ File Number  
\_\_\_\_\_ Fee and date paid \_\_\_\_\_ Approval date

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

#97 Defco Park IL-80 80,916  
(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"**  
\_\_\_\_\_ Cite the regulation that permits the proposed use

**TITLE OF PLAN:** Proposed Site Plan, Proposed Located at #97 Defco Park Road,  
North Haven, Connecticut. Sheets 1-3, dated 2/1/2021

- \_\_\_\_\_ Date and most current revision date of plan: \_\_\_\_\_  
\_\_\_\_\_ 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  
\_\_\_\_\_ Contain any wetlands and/or watercourses  
\_\_\_\_\_ Lie within the Aquifer Protection Zone  
\_\_\_\_\_ Lie within the Channel Encroachment Zone  
 Lie within the flood plain or flood way  
\_\_\_\_\_ Lie within 50' of the Quinnipiac River or Muddy River

James Pretti, Jr  
ENGINEER'S NAME  
John Cifarelli  
Print Applicant's Name  
P.O. Box 920, North Haven, CT 06473  
Applicant's Address  
Cell: (203) 410-4921 Office: (203) 752-9558  
Applicant's Phone Number Fax Number

  
Applicant's Signature

Office: (203) 481-0807 Fax: (203) 488-5729  
ENGINEER'S PHONE NUMBER FAX NUMBER  
John Cifarelli  
Print Owner's Name  
P.O. Box 920, North Haven, CT 06473  
Owner's Address  
Cell: (203) 410-4921 Office: (203) 752-9558  
Owner's Phone Number

  
Owner's Signature