

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)

ADDRESS - 10 BROADWAY NORTH HAVEN CT. 06473
(Address and location of property)

PRESENT USE: MEDICAL ZONE CA-20
& NAME OF BUSINESS A.R. SALANI

PROPOSED USE: RETAIL SERVICE REGULATION: 4.3.1.11
& NAME OF BUSINESS QUE COLLECTIVE BEAUTY AND AESTHETICS (That permits the use)

PLEASE COMPLETE THE FOLLOWING:

1,460[#] Present Use - gross square footage
1,460[#] 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/I.D # OF APPROVED SITE PLAN _____
(Date)

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)

[Signature]
Leasee's signature

Quiltsence Rock
Print leasee's name

[Signature]
Owner's signature

Frank Pullano
Print owner's name

10 Broadway North Haven 06473
Leasee's address

203-407-9435
Leasee's phone number

339 Washington Ave
Owner's address North Haven CT 06473

203-234-2353
Owner's phone number

RECEIVED

OCT 13 2021

TOWN of NORTH HAVEN
LAND USE AND DEVELOPMENT

_____	_____
ZONING ENFORCEMENT OFFICER	DATE