

____ 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

RECEIVED

(Must be submitted by the owner of the property)

DEC -2 2021

ADDRESS – 510 Washington Avenue

TOWN of NORTH HAVEN
LAND USE AND DEVELOPMENT

(Address and location of property)

PRESENT USE: Retail Bike Shop ZONE CB-40
& NAME OF BUSINESS North Haven Bike

PROPOSED USE: Medical office REGULATION: _____
& NAME OF BUSINESS Medical Walk In of North Haven (or some variation) (That permits the use)

PLEASE COMPLETE THE FOLLOWING:

1800 Present Use – gross square footage
1800 Proposed use – gross square footage
9 Present use - parking calculations (1/200 SF)
12 Proposed use – parking calculations (1/150 SF)
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/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)

[Signature]
Leasee's signature

[Signature]
Owner's signature

Dr. Muneeb Samma
Print leasee's name

Northside Plaza, LLC
Print owner's name

1351 Whalley Avenue New Haven, CT 06510
Leasee's address

377 Main Street West Haven, CT
Owner's address

646-963-1192
Leasee's phone number

203-376-6266
Owner's phone number

ZONING ENFORCEMENT OFFICER

DATE