Date of Receipt
Fee and date paid

Applicant's Signature

#P20-39	File Number
	Approval date

Owner's Signature

# TOWN OF NORTH HAVEN PLANNING AND ZONING COMMISSION <u>APPLICATION FORM</u> (Only one item per form)

(ADDRESS OF BUILDING OR BLOCK MAP, BLOCK & LOT NUMBER)		
·	ZONE	TOTAL SQUARE FOOTAGE
THIS APPLICATION IS FOR AND MUST INCLUDE THE FOLI	LOWING:	zi.
Site plan approval (Submit 14* copies of the site pla	n) ► 1 original and 14 copies	of the application
Certified A-2 Survey 2 copies of Bond Estimate Form		
Cite the regulation that permits propose	* 14 PLANS	@ 24" x 36"
ene the regulation that permits propose	a use	
	-	
TITLE OF PLAN:		
	•	
The same of the same		
Date and most current revision date of plan:		
CAM site plan review (Submit 14* copies)		
	ction to be amended (Submit 8	conies of proposed
· am	endment)	opies of proposed
Proposed zone change (Submit 14* copies of location		
Special PermitFill permit (Submit 14* copies)	Cite regulation that authorized	the special permit
Excavation permit (Submit 14* copies)		
Permit to grade or regrade the property (Submit 14* co	onies of a certified along the said	
proposed grades)	opies of a certified plan snowin	g existing grades and
ANSWER ALL QUESTIONS THAT ARE APPLICABLE	OR WRITE N/A:	*
Does the property for which this application is submitted	<u>l:</u>	
Lie within 500' of an adjoining municipality or will traff Lie within the Coastal Area Management boundary	ic or water drainage impact an	adjoining municipality
Contain any wetlands and/or watercourses		
Lie within the Aquifer Protection Zone		
Lie within the Channel Encroachment Zone	RECEIV	FD
Lie within the floodplain or floodway	10 Supple peruson (19)	
Lie within 50' of the Quinnipiac River or Muddy River	NOV - 5 2020	
	TOWN of NORTH HAVE	AJ.
	LAND USE AND DEVELOPA	MENT
ENGINEER'S NAME	ENGINEER'S PHONE NUMBER	FAX NUMBER
Desiree Savo		THE NOMBER
Print Applicant's Name 23 Palmer Road, North Haven, Ct	Print Own	ner's Name
Applicant's Address		- 1000000000000000000000000000000000000
(203) 237-8808 (203) 237-4240	Owner'	s Address
Applicant's Phone Number Fax Number	Owner's Phone Number	

## NORTH HAVEN PLANNING & ZONING COMMISSION NORTH HAVEN, CT

#### PETITION FOR A TEXT AMENDMENT TO THE ZONING REGULATIONS

The Undersigned, DESIREE SAVO, acting through her attorney, Dennis A. Ceneviva, Esq., hereby submits THIS PETITION to the North Haven Planning & Zoning Commission to AMEND the text of its Zoning regulations in accordance with the proposal set forth on the attachment hereto entitled "Proposed Zoning Text Amendment".

**DESIREE SAVO-PETITIONER** 

By Dennis A. Ceneviva, Esq.

Ceneviva Law Firm, LLC

721 Broad Street

Meriden, CT 06450

203-237-8808 (phone)

203-2374240 (fax)

 $\underline{dennis@cenevivalaw.com}$ 

#### NORTH HAVEN PLANNING & ZONING COMMISSION PROPOSED ZONING TEXT AMENDMENT

### (PROPOSED PURSUANT TO SECTION 14.3 OF THE NORTH HAVEN ZONING REGULATIONS)

The Amendment makes the changes to the permitted uses in Section 3.2 OFFICE

**O DISTRICTS** 

3.2.1 Uses Permitted in Office O Districts,

#### By adding Subsection 3.2.1.10:

"Private health and wellness centers specializing in permanent and semi-permanent cosmetics (such as medical micropigmentation, microblading and eyelash extensions) and scar camouflage; a tattoo parlor is NOT permitted pursuant to this subsection."

#### **Alan Fredricksen**

From: Eugene Livshits <elivshits@scrcog.org>
Sent: Thursday, December 3, 2020 1:51 PM
Alan Fredricksen

To: Alan Fredricksen

Subject: North Haven Referral

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Alan,

Thank you for submitting the proposed amendment to add Section 3.2.1.10. The applicable Zoning District (Office O District) is not within 500 feet of a municipality in the South Central Region. A review by the Regional Planning Commission is not required for the proposed amendment.

Best,

Eugene