## RECEIVED

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

Dete of receipt?]

PLANNING AND ZONING CO	TOWN OF NORTH LINEEN		
CHANGE OF USE	FORM		
(Must be submitted by the owner	of the property)		
ADDRESS - 87A State Street	ertv)		
PRESENT USE: & NAME OF BUSINESS	zone 12 30		
MAIVIE OF BUSINESS			
& NAME OF BUSINESS AMERICAN EATH	_REGULATION: $\frac{5.1.10}{5.1.1}$ .   . (That permits the use)		
PLEASE COMPLETE THE FOLLOWING:			
Present Use – gross square footage  Proposed use – gross square footage  Present 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?		
TRUE C	PPROVED SITE PLAN		
The following departments have 10 business days to respond to this application with comments or objections. QVHDPolice DepartmentPublic WorksFire 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	Owner's signature		
RILLIAND SISNUZ	John Brandon Beneverto		
Print leasee's name	Print owner's name		
48 CARTER 14,1 Ro	85 Stefe Brangares Orus		
Leasee's address	Owner's address		
CLINION CT	203-982-0583		
Leasee's phone number	Owner's phone number		
203-676-1797			
ZONING ENFORCEMENT OFFICER	DATE		

Rev. 3/31/00

 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**

( <u>Must</u> be submitted by the <u>owner</u> o	f the property)	
ADDRESS - 1870 Heartford Turnpike M	Jorth Haven CT 06473	
PRESENT USE: SEVICE PERIFER & NAME OF BUSINESS ZVI CONFUER	ZONE CN-20	
PROPOSED USE: Fitness, Nutrition, Life & NAME OF BUSINESS LETS GET IT	REGULATION:	
PLEASE COMPLETE THE FOLLOWING:		
Present Use – gross square footage  1000 sqt 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 AP	PROVED SITE PLAN	
The following departments have 10 business days to respond to this application with comments or objections. QVHDPolice DepartmentPublic Works Fire DepartmentAssessor		
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	Owner's signature	
Aja Bogan-Dennison Print leasee's name	Print owner's name	
99 Kings Hwy North Huren Leasee's address J CT OLE 473	35 Destield Run, Rocky Will CT 060 Owner's address	
203-589-6211 Leasee's phone number	Owner's phone number	
ZONING ENFORCEMENT OFFICER	DATE	