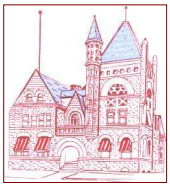
CITY OF WEST HAVEN, CONNECTICUT
Planning and Development Department

City Hall | 355 Main Street | Third Floor West Haven, Connecticut 06516-0312
Phone 203.937.4202 Fax 203.937.3742



CITY HALL 1898-1967

CERTIFICATE OF AUTOMOTIVE APPROVAL OF LOCATION

(ATTACH TO SPECIAL PERMIT APPLICATION)

A-2 SURVEY AND SITE PLAN REQUIRED WITH APPICATION

1. **TYPE OF USE** Check ☑ One

- ☐ Gasoline Station
- ☐ New Car Dealer
- ☐ Used Car Dealer
- ☐ Repairer
- ☐ Limited Repairer
- ☐ Motor Vehicle Junk Yard

☐ For new and used car Dealership, Provide:
Lot Area _____
Lot Frontage _____
Lot Depth _____
Landscape Buffers: Front Yard_____ Side/Rear Yards _____

2. **OTHER REQUIRED INFORMATION:**

Days of Operation _____
Hours of Operation_____
Number of Employees_____

3. **PARKING SPACES**

1. Customer _____
2. Employee _____
3. Sales Vehicles **CHECK ☑HERE IF NONE** : ☐ _____
= Total Vehicles on Site (1+2+3 = Total) _____

4. **DESCRIBE BUSINESS SIGN SIZE & LOCATION:**

_____

5. **THIS APPLICATION PROPOSES A:**

- ☐ **CHANGE IN OWNERSHIP**, with ***NO*** change to the previously approved TYPE OF USE checked above.
- ☐ **NEW USE** replaces existing use. Changes TYPE OF USE category checked above. No changes to existing building(s) or facilities.
- ☐ **CHANGE TO AN EXISTING USE** that replaces, modifies or expands the previously approved existing use or uses, as follows:

_____

6. **CHARACTER OF LOCATION** Fill in name, distance in feet, name of nearest intersection to the feature.

Feature	Name	Distance (In Feet)	Street Intersection
School			
Church			
Theater			

7. **NAME/ADDRESS OF APPLICANT:** _____

_____

9. **NAME/ADDRESS OF OWNER** _____

_____

11. **SIGNATURE OF OWNER INDICATING AUTHORIZATION FOR APPLICATION**

_____

Rev 12-13-17