Town of New Fairfield
4 Brush Hill Rd.
New Fairfield, CT 06812
203-312-5646 Fax 203-312-3508

## SITE PLAN APPLICATION

Application Number 51 - 21 - 0.25

Map: 24 Block: 8 Lot: 10

Please type or print:

Date: 11/30/2021

Applicant: The smoke Lab 2

Mailing Address: 9 Blush Hill Rd New Fair It CT, 08817

Project Address: 9 Binh Hill Rd,

Phone No: 914 201 5188

Owner (s) of Record: AllMAD Salhi NUSa

Address: 145 washington ave pleasefuille New york to45/05/20

Phone No: 914. 498-2930

Application is hereby made for site plan per section 8.1 and pursuant to the following section (s) of the Zoning Regulations:

On Business Communication

For the following purpose: Lights the p open hom seas am tabago shap two cmployes

In compliance with the requirements of the Zoning Regulations, I am hereby submitting the fee, plans, documents and additional information as required.

( ) Fee of \$160.00 (Includes State Surcharge).

( ) Application Requirements: (see attached)

Cless pm Businessa New Fairfield CT, 0X812

Conditions	() Application Approved () Application Denied () Application Approved & Modified	Date of Receipt by Zoning Commission:  Legal Notice Published	Comments:  Review by Zoning Enforcement Officer  Date	Application Complete:YesNo  The application fails to comply as follows:	For Office Use Only  ( ) This Application Complies ( ) Does Not Comply with the requirements of the zoning regulations.	:swc	( ) Report (s) from other Town Agencies as follows:
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() Report from Health Department on adequacy of sewage disposal system and water supply.

## The Smoke Lab Building Sign

8' x 3' Listed Internally Illuminated Lightbox with Vinyl Graphics applied to an Acrylic panel.

Mounted to the Building Front as shown below.









