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

SITE PLAN APPLICATION

Application Number 27-23-002

Map: 19 Block: 1 Lot: 32

Please type or print:	
Date: 12/30/2022	
Applicant: April Bent	
Mailing Address: 12 Old Farm Rd, New Fairfield CT 06812	12
Project Address: 89 CT-39 Suite 1, New Fairfield CT 06812	N
Phone No: 201-699-2414	

Owner (s) of Record: James Piskura

Address: 89 CT-39, New Fairfield CT 06812

Phone No: 203-948-3701

For the following purpose: Esthetics for facial and waxing

of 89 route 39 with one employee (myself) with hours from first 10 am
In compliance with the requirements of the Zoning Regulations, I am hereby submitting the fee,

plans, documents and additional information as required.

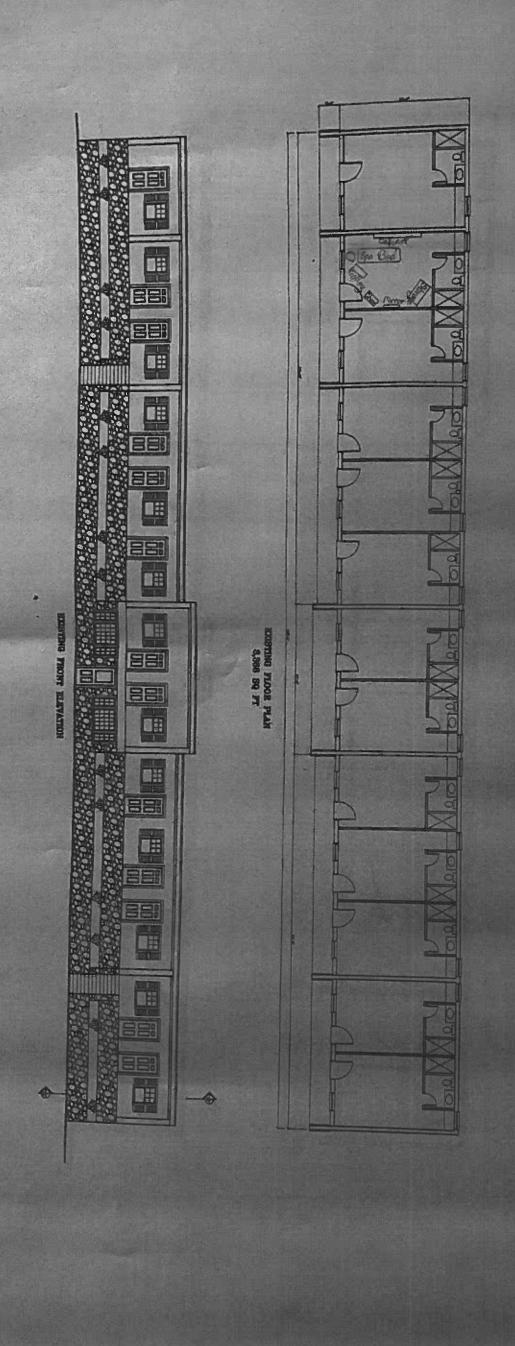
(V) Fee of \$160.00 (Includes State Surcharge).

() Application Requirements: (see attached)



() Report (s) from other Town Agencies as follows:
() Fire Marshal () Town Engineer () Inland Wetland Commission () Conn. Dept. of Transportation () Coning Enforcement Officer () Oth r Agency (please specify) () Yopy of additional information as follows:
Signature of Applicant (date)
For Office Use Only
() This Application Complies () Does Not Comply with the requirements of the zoning regulations.
Application Complete: Yes No
The application fails to comply as follows:
Comments:
Review by Zoning Enforcement Officer Date
Date of Receipt by Zoning Commission:
Date of Commission Action: Legal Notice Published
() Application Approved () Application Denied
() Application Approved & Modified
Conditions:

() Report from Health Department on adequacy of sewage disposal system and water supply.



EXISTING FRONT VIEW AND FLOOR PLAN

DRAWING PREPARED
FOR
JIM PISKURA
89 ROUTE 39
NEW PAIRFIELD, CT



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THIS BEAL AND EIGHARDS APPLY ONLY TO THE DOCUMENT TO WHICH THEY ARE AFFRED. I EMPRESS. Y DESCLAME ANY RESEARCH. 