



Application # \_\_\_\_\_  
Date of Filing \_\_\_\_\_  
Fee \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Receipt # \_\_\_\_\_

TOWN OF HAMDEN  
ZONING BOARD OF APPEALS  
AUTOMOTIVE LOCATION APPROVAL APPLICATION

Property Address 839 SHERMAN AVE Zone M  
 Spring Glen Village District  
 Newhall Design District  
Hamden Land Records (from Town Clerk's Office): Volume 4502 Page 235

License Type:  New Car Dealer  Used Car Dealer  General Repairer  Limited Repairer

Application Type:  Change in Ownership  New Use  Site Changes

Applicant FREDERICK UHLEIN Address 24 FALLON DR  
Phone 203-443-3662 Town/Zip HAMDEN 06514

Email Address RICK USBG@COMCAST.NET

Property Owner SHERMAN CREST LLC Address 7365 MAIN ST UNIT 191  
Phone 203-915-6105 Town/Zip STRATFORD 06614

Lessee RICKS AUTO CENTER LLC Address 24 FALLON DR  
Phone 203-443-3662 Town/Zip HAMDEN 06514

Agent/Attorney \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Town/Zip \_\_\_\_\_

► *This application is not complete unless signed by the owner and his/her agent (if applicable).*

1. Location Approval Requested --. State your request in relation to what is required.  
The Planning Office staff is available to answer questions.


OPERATE AUTO REPAIR FACILITY AT 839 SHERMAN AVE


2. If the application is for a change in ownership, what is the current License Number? -

3. Please submit one original and nine copies of a **site plan** entitled "Location Approval – Planning & Zoning Commission" conforming to an **A-2/T-2** level of certification of accuracy, signed by a licensed surveyor. Any plans prepared by a licensed engineer, architect, or surveyor should also be submitted in PDF File Format on a CD or USB flash drive. The site plan should be drawn to scale, folded according to directions (pg. 1-2) and include the following information:
- A. Lot geometry with monumentation noted.
  - B. Location of all existing and proposed structures on property, including distances from property boundaries.
  - C. Elevation drawings for any proposed structures over four feet high
4. Pay the appropriate fee (see fee schedule on page 1)
5. How long have you owned/leased the property? N/A
6. List any variances previously requested for this property and the outcome, as well as recording information:  
SEE ATTACHED
- 
7. Has any additional application involving this property been submitted to the Planning and Zoning Commission?  Yes  No If yes, what was their decision?  
PENDING
- 

I hereby state that all the above information and any information contained in any papers submitted herewith are true and correct to the best of my knowledge and belief under penalties of false statements.

I understand that by applying I grant permission for a member or members of the Planning & Zoning Commission and staff to enter upon the subject premises for the purpose of making a visual examination of same.

8. Property Owner's Signature  Date 9/15/20

9. Applicant's Signature  Date 9/15/20