

DDS- Planning & Zoning: Plan Review Application



Submission date: **23 June 2022, 10:28AM**
Receipt number: **833**
Related form version: **2**

Application Type

Check all that apply: **Special Permit**

Property Information

Property Address: **145 Newfield Street No coordinates found**
Zoning District: **CX-2**
Parcel ID: **118-505-004**
Property Owner: **133-145 Newfield Avenue LLC**
Address of Property Owner: **c/o Attorney Farrell, 54 North Elm Street, Wallingford, CT 06492**
Email: **jerry@ctliquorlaw.com**

Applicant

Please check if "Applicant is the same as "Property Owner"

Name of Applicant: **133-145 Newfield Avenue LLC**
File Date: **06/23/2022**
Address: **54 North Elm Street No coordinates found**

Phone: 2037745002

Email: jerry@ctliquorlaw.com

Primary Point of Contact

Name: Jerry Farrell, Jr., Attorney at Law

Phone: 2037745002

Email: jerry@ctliquorlaw.com

Project Narrative

Please describe your application action(s) and provide as much detail as possible. Attach additional pages if necessary:

The applicant has an existing restaurant. The applicant seeks to apply to the State of Connecticut to be able to serve alcohol in defined patio areas, outside of the four walls of the restaurant. These designated areas are noted on the map provided.

Zoning Map Change Application

Proposed Zone:

Describe the existing use of land and buildings in the zone change area:

Reason for this request:

Zoning Appeal Application

Are you an aggrieved party?

Permit or Violation Number:

State your reason for appealing the decision of the administrator or enforcement officer:

Variance Application

Please state the particular hardship* or unnecessary difficulty that prompts this application and the site the section of the zoning regulations that you are seeking relief from:

Subdivision Application

Number of lots to be created:

Area of each lot in square feet:

Street frontage of each of the new lots in feet:

Lot Combination Application

Addresses of lots to be combined

Map/Block/Lot for each property to be combined:

Liquor Permit Application

Please upload a copy of your State of CT Liquor Permit below.

Sign Permit Application

1. Is this sign proposed outside of the building line?

Maximum extension from building line:

2. Is this sign proposed outside of the street line?

Maximum extension from the Street line

3. Is the sign luminated?

4. Engineer Name (if any):

Phone:

Address:

5. Minimum distance from lowest point to the sidewalk:

6. Maximum height of sign from lowest point of established grade:

7. Distance from the nearest outdoor sign:

8. Square feet of surface for one face of the sign:

9. Wording of the sign (include all words):

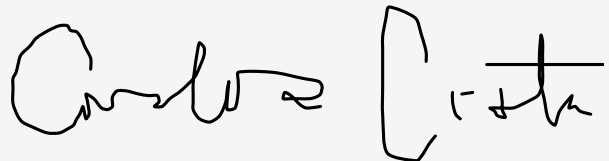
Description of work (upload additional files if necessary)

Upload any supporting materials below.

[Jennimar Cruz Capo.pdf](#)

Signatures

Signature of Applicant



[Link to signature](#)

Printed Name of Applicant:

Carlos Costa

Date:

06/23/2022

If you are not the property owner, you must attach a Letter of Authorization from the property owner to apply.

Letter of Authorization from Property Owner

Date:

06/23/2022

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Liquor Control Division
Telephone: (860) 713-6210
Email: dcp.liquorcontrol@ct.gov
Web Site: www.ct.gov/dcp/liquorcontrol



APPLICATION FOR PATIO, EXTENSION OF USE and/or ADDITIONAL CONSUMER BAR

<input checked="" type="checkbox"/> PATIO (Restaurants & Cafes ONLY)	<input type="checkbox"/> EXTENSION OF USE (All other permit types)	<input type="checkbox"/> ACB (Additional Consumer Bar) # of ACB's: _____ (FEE: \$190.00 each)
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Section A: BUSINESS INFORMATION

1. Trade Name (DBA Name) Favela		2. Permit Number LCA.8645	
3. Permittee Name (First, Middle, Last) Jennimar Cruz Capo			
4. Backer Name (Corporation, LLC, Partnership, Sole Proprietorship, etc.) Favela LLC			
5. Business Address 145 Newfield Avenue		City Hartford	State CT
		Zip Code 06106-3632	
6. Business Telephone Number 787-934-5503	7. Business Fax Number None	8. Business Email Address jerry@ctliquorlaw.com	
9. Type of Request? <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary		If <u>TEMPORARY</u> is checked, List Specific Dates Below: N/A	

Section B: APPROVAL/CERTIFICATION OF LOCAL OFFICIALS

10. **Zoning Authority Approval:** I certify that I am familiar with the zoning ordinances and bylaws of the city/town identified in Section A and on the sketch provided with this application, they do not prohibit the sale of alcoholic beverages under the type of liquor permit/establishment identified in this application.

Signature of Zoning Official X _____ Print Name _____
Date ____/____/____
Title of Official _____

11. **Fire Marshal's Approval:** I certify that the premises identified in Section A and on the sketch of this application is safe for this type of request.

Signature of Fire Marshal X _____ Print Name _____
Date ____/____/____
Title of Official _____

12. **Local Health Approval: (Patio Requests ONLY)** I certify that the Patio at the premises identified in Section A and on the sketch of this application meets local health approval.

Signature of Health Official X _____ Print Name _____
Date ____/____/____
Title of Official _____

Section C: CERTIFICATION OF BACKER OR AUTHORIZED REPRESENTATIVE OF BACKER

13. Backer Certification (To be signed by backer or the authorized representative of the backer) I certify that the information provided in this application is true to the best of my knowledge and that the permittee applicant identified in "Section A" of this application is designated as my principal representative on the premises for which this application is being submitted.	Signed by Backer or Authorized Representative of Backer x Nelson G. Alejandro Capo		Date: 05-31-2011
	Print name of Backer or Representative Nelson Giovani Alejandro Capo	Title of Backer or Representative Member	

* Attach a Sketch of the current premises, identifying the proposed Patio, Extension of Use area and/or ACB*

NO RIGHTS OF RECORD FOUND FOR DRAINAGE OR DRAINAGE STRUCTURE. PRESCRIPTIVE RIGHTS MAY EXIST FROM CONTINUED USAGE.

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and NA

