



TOWN PLAN AND ZONING COMMISSION LAND USE APPLICATION

APPLICATION TYPE

Site Plan ☐ Special Permit ☐ Regulation Text Change ☒
Revised Site Plan ☐ Zone Map Change ☐ Other: _____ ☐

Applicant's Information

Name: 925 Blue Hills LLC Date: 04-04-2025
Last First M.I.
Address: 925 Blue Hills Ave Phone: 203-217-4062
Street address Apt/Unit #
Bloomfield CT 06002 Email: max2ADNAN@gmail.com
City State Zip Code
max2adnan@gmail.com

Owner(s) of Record (if different from Applicant)

Name: Same Phone: _____
Last First M.I.
Address: _____ Email: _____
Street address Apt/Unit #

City State Zip Code

Parcel Description

Location: _____ Zone: _____
Area (acres) _____ Area (sq. ft.) _____ MBL _____
Current Use: _____

Is the parcel within 500 ft. of a town boundary line? Yes ☐ No ☒

RECEIVED

APR 04 2025

PLANNING & ZONING
BLOOMFIELD, CT

4000 NG

Special Permit/Site Plan/Revised Site Plan Information

Proposed Use(s): _____

Applicable Section: _____

To Permit: _____

Applicable Section: _____

To Permit: _____

Applicable Section: _____

To Permit: _____

Zone Map Change Information (the following zoning districts require the submission of a Master Plan at the time of application for a Zone Map Amendment: PEC, PLR, MFER, DDZ)

Applicable Section: _____

Proposed Zone: _____

Proposed use(s): _____

Regulation Text Change Information (the following zoning districts require the submission of a Master Plan at the time of application for a Zone Map Amendment: PEC, PLR, MFER, DDZ)

Applicable Section: _____

Changes to existing
Section(s): _____

Proposed New
Section(s): _____

Amendment to Existing
Text or New Proposed
Text (Attach separate
page if needed)

H.5.D.3.g

Coffee, soda and ice cream shops, including
drive-in windows

(Amendment only to
existing sections)

Use Determination

Existing
Use: _____

Proposed
Use: _____

Is the use legal non-conforming?

Yes ☐

No ☐

Disclaimer and signature

The undersigned warrants the truth of all statements made in conjunction with this application and consents to inspection of the site.

Applicant's
Signature

Print Name & Sign

MUHAMMAD ADWAN

Date:

04-04-2025

The undersigned owner(s) of record consent(s) to the submission of this application and to inspections of the site.

Owner's
Signature

Print Name & Sign

Date:

CONFLICT OF INTEREST DISCLOSURE FORM

(This form is required for all applications and must be notarized. Complete all sections, indicate N/A if not applicable and use additional sheets if necessary. Full disclosure is required for a complete application. Incomplete applications will not be scheduled for a hearing).

LOCATION OF PROJECT: 925 Blue Hills Ave Bloomfield CT

NAME OF APPLICANT: MUHAMMAD ADNAN

IF APPLICANT IS OWNER OF RECORD, HOW LONG HAS HE/SHE OWNED THE PROPERTY ____ YEARS ____ MONTHS

NAMES AND ADDRESSES OF ALL PARTIES KNOWN TO HAVE AN INTEREST IN THIS APPLICATION/PROPERTY:

OWNERS: Same as applicant

OPTIONEES: _____

OFFICERS, DIRECTORS AND MAJORITY STOCKHOLDERS OF CORPORATIONS LISTED ABOVE:

N/A

BENEFICIARIES OF ANY TRUST OR OTHER FIDUCIARY OWNERSHIP LISTED ABOVE: _____

N/A

TENANTS/PROSPECTIVE TENANTS: _____

ATTORNEYS, INCLUDING NAME OF LAW FIRM(S) AND PARTNERS: _____

FINANCIAL INSTITUTIONS OR OTHER FINANCIERS: _____

ENGINEERS, SURVEYORS: _____

ARCHITECTS: _____

BUILDERS: _____

CONSULTANTS: _____

OTHERS: _____

To the best of my knowledge, no one except those listed below has a financial interest in this application or the subject property who is an employee of the Town of Bloomfield, or an elected or appointed official of the Town of Bloomfield:

MUHAMMAD ADNAN NAME OF APPLICANT [Signature] APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th DAY OF April, 2025

NOTARY PUBLIC Angelica M. Candelaria

ANGELICA CANDELARIA
NOTARY PUBLIC
STATE OF CONNECTICUT
MY COMMISSION EXPIRES AUG. 31, 2029

Proposed Zoning Regulations Text Amendment

Amendment to **Section 4.5.D.3.g** to allow drive-in windows in the Blue Hills Gateway Districts (GWD) District

Coffee, soda and ice cream shops, ~~excluding~~including drive-in windows.