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WALLINGFORD
PLANNING & ZONING

APPLICATION NO.: 504-26

FEE: \$550.00

APPLICATION FOR ZONING REGULATION CHANGE

NAME OF APPLICANT: Quinnipiac Valley Growth Partners LLC DATE: 7/10/2026

MAILING ADDRESS: c/o Attorney Gerald Farrell Jr. PHONE: _____

54 No. Elm Street, Wallingford, CT 06492

E-MAIL ADDRESS: dennis@cenevivalaw.com

Section to be removed: _____

Proposed new section: See attached:

Adding Sec. 4.16 C(1)(e) Use Group A

Adding Sec. 6.34 Cannabis Establishments

(Attach additional sheet if necessary)

Gerald E. Farrell Jr.
Applicant's Signature

Quinnipiac Valley Growth Partners, LLC
Company Name (If applicable)

For Official Use Only:

Date Application Submitted: _____

Filing Fee Paid: _____