

## **CHECK LIST FOR ALDERMANIC SUBMISSIONS**

<b>X</b>	Cover Letter
<b>X</b>	Resolutions/Orders/Ordinances (NOTE: If you are submitting any item to the State you must write a Resolution)
<b>X</b>	Prior Notification Form
<b>X</b>	Fiscal Impact Statement - Should include comprehensive budget
<b>X</b>	Supporting Documentation (if applicable)
<b>X</b>	E-mailed Cover letter & Order

### **IN ADDITION [IF A GRANT]:**

<b>N/A</b>	Notice of Intent
<b>N/A</b>	Grant Summary
<b>N/A</b>	Executive Summary (not longer than 5 pages without an explanation)

**Date Submitted:** 10/10/2025

**Meeting Submitted For:** 10/20/2025

**Regular or Suspension Agenda:** Regular

**Submitted By:** Yale New Haven Hospital, Inc.

**Title of Legislation:**

ZONING ORDINANCE TEXT AMENDMENT APPROVING A PETITION BY YALE  
NEW HAVEN HOSPITAL, INC. FOR DEVIATIONS FROM THE UNDERLYING  
ZONING ORDINANCE TO ALLOW CERTAIN SIGNAGE IN PLANNED  
DEVELOPMENT DISTRICT 45

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**Comments:** \_\_\_\_\_

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**Coordinator's Signature:** \_\_\_\_\_

**Controller's Signature (if grant):** \_\_\_\_\_

**Mayor's Office Signature:** \_\_\_\_\_

Call (203) 946-7670 or email [bmontalvo@newhavenct.gov](mailto:bmontalvo@newhavenct.gov) with any questions.

\*\*PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED\*\*