



CITY OF TORRINGTON
ZONING BOARD OF APPEALS

APPLICATION FOR LOCATION APPROVAL

check/cash.

Date: 12/15/20

Fee: \$210.00 \$210.00 pd ✓

JL 12-15-20

Property Location: 174 E MAIN ST TORRINGTON CT 06790
Map 117 Block 024 Lot 009 Zone: DD

Applicant's Name: RAR AUTO LLC
(If other than Owner)

Address: 174 E MAIN ST TORRINGTON CT 06790
Telephone: 8604612797 email: RARAUTOLLC@GMAIL.COM

Property Owner's Name: JOHN INDOMENICO
Address: (*) 50 WILLOW PL TORRINGTON CT 06790
Telephone: 8609619947

Type of approval requested: [] Limited Repairer's License [] General Repairer's License
[X] Used Car Dealership [] New Car Dealership
[] Other _____

Please describe the location of the property and why it should be considered for Location Approval (State reasons as required by the State Statutes):
Previously approved location

List the sections of the Zoning Regulations which would allow the requested Location Approval:
8.1 and CGG 14-54

Is this property within 500' of another municipality? [] yes [X] no
If 'yes' give the name of the municipality: _____

I, the undersigned applicant, understand that this application for Location Approval will be reviewed based on information submitted by me and that falsification by misrepresentation, omission or failure to comply with the conditions of the Location Approval shall constitute a violation of the Zoning Regulations and render any approvals null and void. I further authorize the City's agent to enter the property for the purpose of inspection with regard to this application.

Applicant's Signature: [Signature]
Date: 12/15/20

Owner's Signature: [Signature]
Date: 12/15/20

