

**City of Torrington Planning and Zoning Commission  
Architectural Review Committee  
Architectural Review Form**

Name and Address of Applicant:

AGNOLI SIGN CO., INC.  
722 Worthington St.  
P. O. Box 1055  
Springfield, MA 01101-1055

Address of Project:

242 So. MAIN ST  
TORRINGTON, CT

Phone: 413-732-5111

e-mail: christina@agnolisign.com

Name and Address of Owner:

SMOKING APE  
242 SO MAIN ST  
TORRINGTON, CT

Zone: \_\_\_\_\_

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**Existing/Previous Use of Property:**

Gross Square Footage: \_\_\_\_\_

Previous Occupant/Use: \_\_\_\_\_

Other tenants/use of building: \_\_\_\_\_

**Proposed Use of Property:**

Proposed use of floor space:

New signs

*Describe the scope of the project, including all changes to the exterior, with proposed exterior materials/colors and alterations detailed. Bring samples/cut sheet. (Attach materials schedule if necessary).*

New signs - repaint building

**Planning and Zoning Status (if applicable)**

Has a Site Plan been submitted to Planning and Zoning for this project: yes

Has this project been reviewed by the ARC prior to this submission? no

If yes, date(s): \_\_\_\_\_

Oliver Moore 11/2/23 attached

Applicant's Signature

Date

Owner's Signature

Date