



CITY OF TORRINGTON
PLANNING AND ZONING COMMISSION

APPLICATION FOR LOCATION APPROVAL

Handwritten checkmark and 'CL #9087'

Date: 01/05/2021

Fee: \$210 pd (includes \$60 State tax)

Property Location: 45 Winsted Rd, Torrington, CT 06790

Map 130 Block 009 Lot 009 Zone LB Size of property: 349 sf (A)

Applicant's Name: Jonathan Gengras for GMST LLC (If other than Owner)

Address: 225 Pirkin St, Suite 500, East Hartford, CT 06108

Telephone: 860-727-6208 Fax: Danellk Alt - cell 803.357.1896

Applicant's e-mail: jonathan@gengras.net dalt@gengras.net

Property Owners Name: EMMA ROSE LLC

Address: 45 WINSTED RD TORRINGTON CT 06790

Telephone: 860-489-1301 Fax: 860-489-1459

Owner's e-mail: R. PHIL PORTER@GMAIL.COM

Date property was purchased? 01/05/2021

Is this property within 500 feet of another municipality? Yes No X

If 'Yes' List the Town:

Does any portion of this property contain a conservation or land restriction on it? Yes No X

If the property subject to approval has a conservation easement or preservation restriction on the land, the holder of the restriction is required to be noticed of the application. The applicant must notify the holder of the land restriction regarding the application by certified mail, return receipt requested, no later than 60 days prior to the filing of the application. In lieu of such notice the applicant may submit a letter from the holder of such restriction (or their agent) verifying that the application is in compliance with the terms of the restriction.

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

New car dealership, use of property not changing

List the sections of the Zoning Regulations which would allow the requested Location Approval:

Section 3.1
Sub-section 8.10

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: 01/05/2021

Owner's Signature: [Signature] Date: 01/05/2021
R. PHIL PORTER
MEMBER

(see back of application)