



CITY OF TORRINGTON
ZONING BOARD OF APPEALS

APPLICATION FOR LOCATION APPROVAL

Date: 3/1/2023

CK# 0099 ✓
Fee: \$210.00 ✓ pd

Property Location: 563 South Main Street Torrington Ct 06790
Map _____ Block _____ Lot _____ Zone: _____

Applicant's Name: Logan W Johnson & Steven Ehrhardt III
(If other than Owner)

Address: 563 South main St Torrington Ct 06790
Telephone: 860 459 8480 email: JeServicecenterLLC@gmail.com

Property Owner's Name: OEG Industries
Address: 112 Wall St Torrington Ct 06790
Telephone: 860 489 9261

Type of approval requested: [] Limited Repairer's License [] General Repairer's License
[] 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):

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

Is this property within 500' of another municipality? [] yes [] 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: 3/1/2023

Owner's Signature: [Signature]
Date: 3/1/23