

CITY OF TORRINGTON
ZONING BOARD OF APPEALS

APPLICATION FOR LOCATION APPROVAL



Date: 1/25/23

Fee: \$210.00 pd

ck # 240

Property Location: 37 Migeon Ave Torrington Ct 06790
Map _____ Block _____ Lot _____ Zone: RD

Applicant's Name: Baris Kara
(If other than Owner)

Address: 48 Damon Dr Torrington Ct 06790
Telephone: 203 312-6478 email: admin@eckmotor-sports.com

Property Owner's Name: Irfan Admed
Address: 860 480 3252
Telephone: 37 Migeon Ave Torrington Ct 06790

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):

Location was used as a garage/used car lot in the past.

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: 1/25/23

* Owner's Signature: [Signature]
Date: 01/25/23