

1/3/2023

ZBA Application- DMV General Repairer License

To the Zoning committee of Weston.

We appreciate your time and consideration of our new business. Weston Automotive, LLC is excited to take over and work with the town and provide the best service possible.

We want to maintain the integrity this town represents and promote a strong, positive community engagement. As the sole auto repair facility in Weston, we understand it's our duty to provide quality service to all. We want to continue our reputation and dependability and honor the wishes of the community.

Best regards,

Weston Automotive, LLC

Thomas A Kelley Jr

A handwritten signature in black ink, consisting of a large, stylized 'T' and 'K' followed by a horizontal line extending to the right.

Bruce Richard Woodward Jr

A handwritten signature in black ink, featuring a large, sweeping 'B' and 'W' followed by a horizontal line extending to the right.

WESTON SHOPPING CENTER ASSOCIATES, LLC
P.O. Box 1284
Weston, Connecticut 06883

January 17, 2023

Zoning Board of Appeals
TOWN OF WESTON
Town Hall Annex
24 School Street
Weston, CT 06883

RE: WESTON SHOPPING CENTER ASSOCIATES, LLC
190 Weston Road, Weston, CT 06883
Weston Automotive, LLC
Application for General Repairer License

Dear Zoning Board of Appeals,

Please be advised that Mr. Thomas A. Kelly, proprietor of Weston Automotive, LLC, has permission to obtain the required approval from the Town of Weston Zoning Board of Appeals, for a new General Repairer License in his effort to transfer ownership of the business from the previous approved proprietor.

Please contact me if you require additional information.

Very truly yours,

Tolk Home & Estate Property Management, LLC

By: Josh T. Tolk, President
As Agent for Weston Shopping Center Associates, LLC

INSTRUCTIONS:

- SECTION 1&2 Must be completed by the APPLICANT
- SECTION 3 Must be completed and signed by the local authorities of the city or town in which the location is proposed
- Submit the completed application with required attachments by mail to: DEPARTMENT OF MOTOR VEHICLES, DEALERS AND REPAIRERS UNIT Room 102, 60 STATE ST, WETHERSFIELD, CT 06161-2011

SECTION 1 BUSINESS INFORMATION

PLEASE CHECK ONE BOX ONLY: NEW DEALER USED DEALER GENERAL REPAIRER LIMITED REPAIRER LEASING MANUFACTURER

TYPE OF LICENSE:

PLEASE CHECK ONE BOX ONLY: NEW LICENSE CHANGE MEMBER ADD PROPERTY CHANGE LOCATION CHANGE OF BUSINESS NAME (DBA, LLC, ETC.)

TRANSACTION TYPE:

Name Under which Business is to be Conducted (Please include DBA if applicable): Weston Automotive, LLC	Existing License number (if applicable):
Full Address of Location for Which License is Requested: 190 Weston Rd, Weston, CT 06883	Business License # from Secretary of State:
Mailing Address, if Different From Above: Same as above	FEBN #:
If Incorporated or LLC, Under the Laws of which State: CT	E Mail Address Westonautolc@gmail.com

The Business Holds a Factory Franchise to Sell the Following Make(s) of Vehicle(s) at The Above Location for (New, Used, Car Dealers Only):

List all Makes of Vehicles Manufactured by the Applicant which are offered in the State of Connecticut. (Manufacturers Only)

If applicant firm is owned by individual or partnership, enter data below for all owners. If owned by a corporation, enter data for officers. If LLC, Enter data for members.

NAME	TITLE	HOME ADDRESS	PHONE #	SOCIAL SECURITY #	DATE OF BIRTH
Thomas Kelley	Member	28 Hermit Lane, Westport, CT06880	(203)984-2033		

New/Used Car Dealers and Manufacturers only (MUST CHECK ONE)

- I am applying for a Dealer's license and do not hold, or intend to apply for a Manufacturer's license
 I am applying for a Manufacturer's license and do not hold, or intend to apply for a Dealer's license

SECTION 2 TO BE COMPLETED BY LEASING COMPANIES ONLY

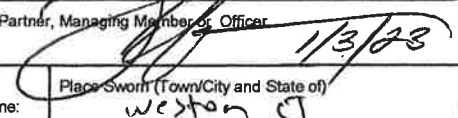
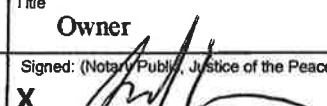
Do you lease vehicles for periods of 30 days or more? YES NO
 Leasing company's normal business hours

CONTACT PERSON FOR REGISTRATION RENEWAL ISSUES

Name Phone # Fax # Email

CERTIFICATION (To be signed by Owner, Partner, Managing Member or Authorized Officer in presence of notary)

Pursuant to CGS 53a-157b, I declare that the statements made by me in this application or in any documents attached hereto are true and complete to the best of my knowledge and belief.

Signed (Owner, Partner, Managing Member or Officer) X  1/3/23	Title Owner	Date 1/3/23
Subscribed and sworn to before me: Place Sworn (Town/City and State of) Weston CT	Signed: (Notary Public, Justice of the Peace, or Commissioner of Superior Court) X 	Date Commission Expires 6/30/2025

SECTION 3 CERTIFICATION OF LOCAL APPROVAL FOR PROPOSED LOCATION - NOT APPLICABLE FOR LEASING OR MANUFACTURERS

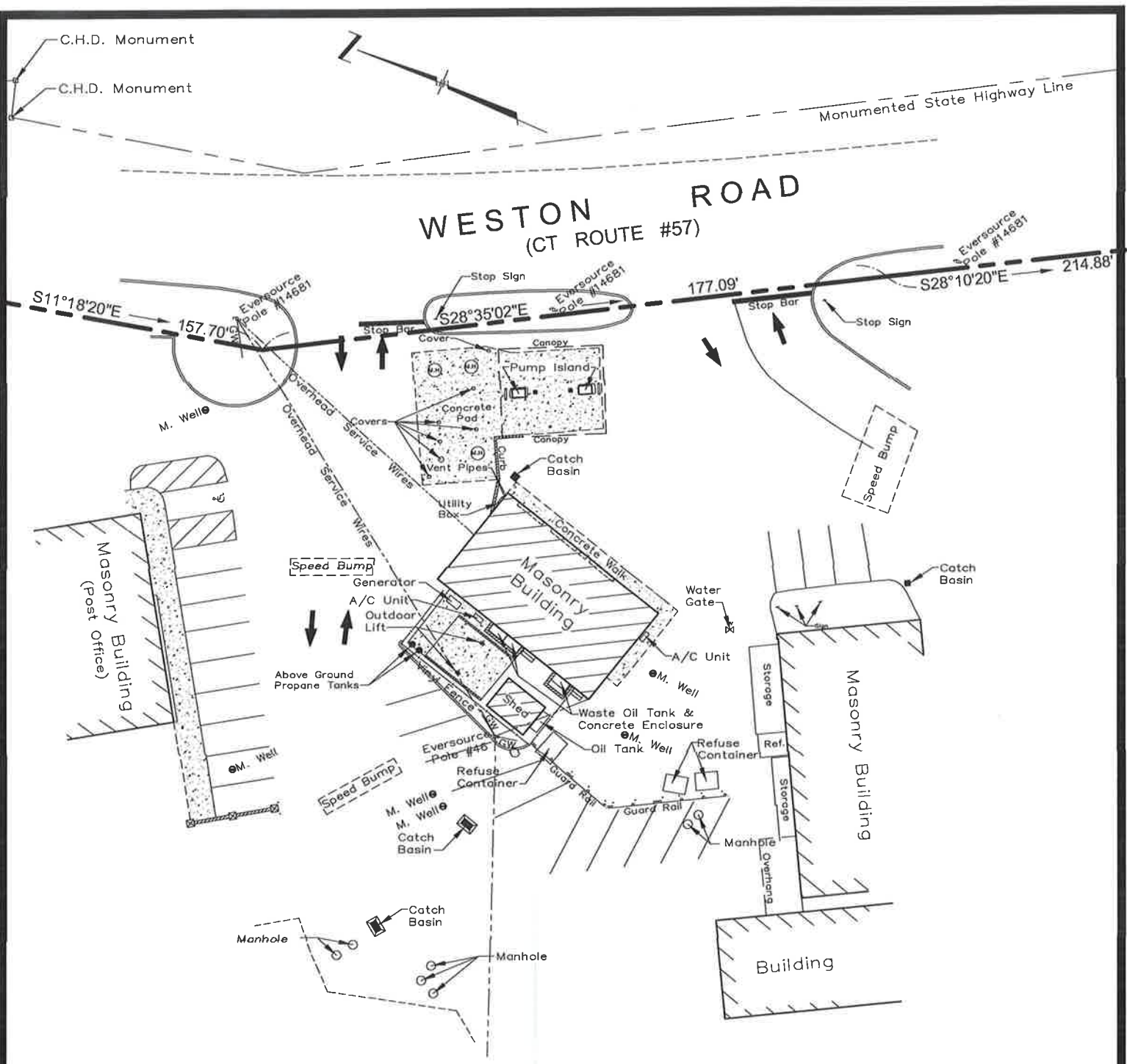
Pursuant to CGS 14-54, local approval is hereby granted for the above named firm or individuals to conduct a business of the type checked above at the location specified in this application.

Signature of Authorized Zoning Official X	Printed Name of Authorized Zoning Official	Title of Zoning Official	Date
<i>Signatures of Building Officials and Fire Marshal indicate compliance with applicable laws and regulations (Required for New and Used Dealers, General and Limited Repairer ONLY)</i>			
Signature of Building Official X	Printed Name of Building Official		Date
Signature of Local Fire Marshall X	Printed Name of Local Fire Marshall		Date

MUST BE SIGNED BY ZONING OFFICIAL

Are there any restrictions placed on the licensee's use of property? YES NO
 (If "YES," a copy of the restrictions MUST be attached to this application.)

DANIEL JAMES CAMPBELL
NOTARY PUBLIC
STATE OF CONNECTICUT
My Commission Expires 6/30/2025

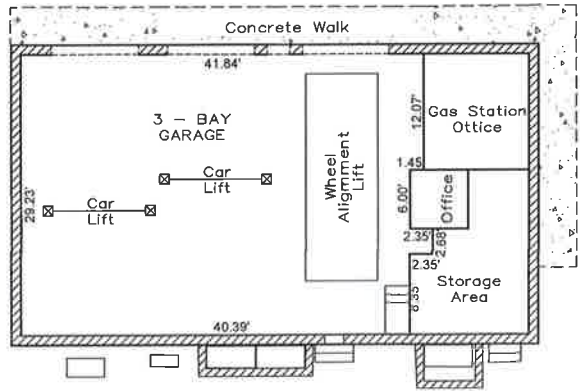


APPLICATION:
WESTON AUTOMOTIVE LLC
 190 WESTON ROAD - WESTON, CONNECTICUT

PREPARED BY WALTER H. SKIDD, L.S. Conn. Reg. #14663
 SCALE: 1" = 40' DATE: DEC. 20, 2022

"Certified Substantially Correct"

Walter H. Skidd
 WALTER H. SKIDD, L.S. Conn. Reg. # 14663
 1992 STRATFIELD ROAD - FAIRFIELD, CONN.
 TELEPHONE (203) 373-0401



INTERIOR OF SERVICE AREA

10 CAR
PARKING
AREA

PARKING AREA

4TH
10 FT

FENCED
AREA

BOY 1

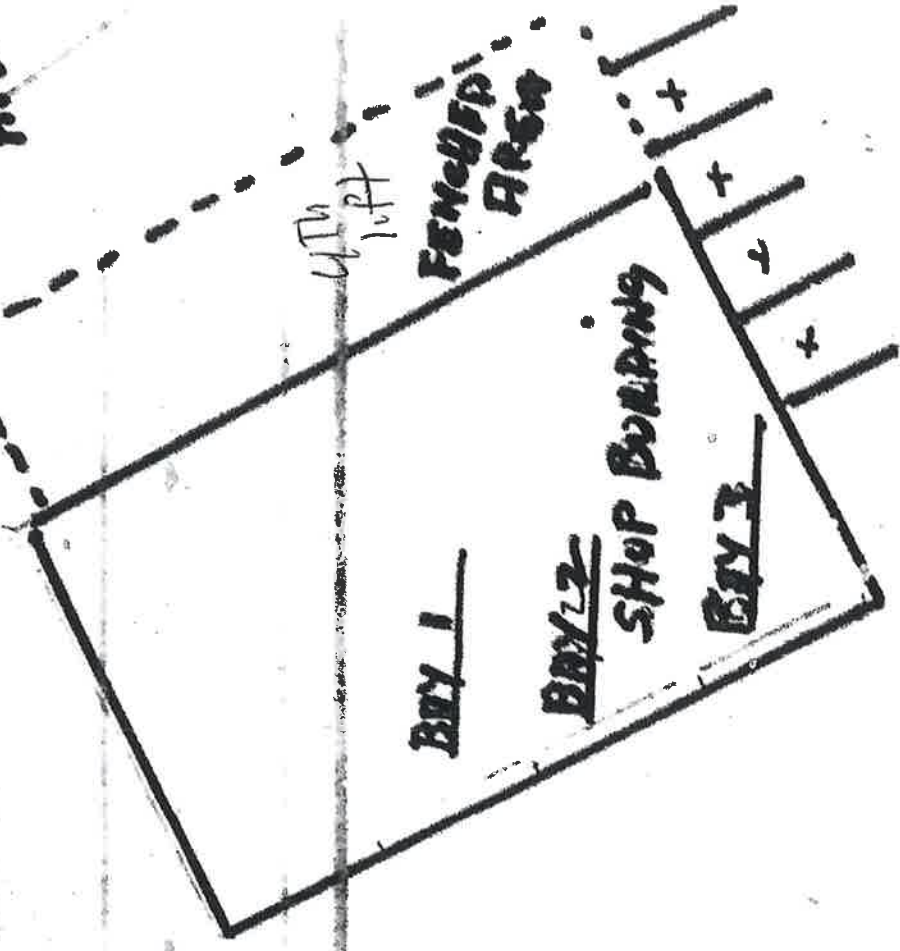
BOY 2

SHOP BUILDING

BOY 3

POPP ISLAND

DOUBLE FARK



Tom Kelley LLC History

Name of Owner.	Business Name.	Sales Tax ID #
Thomas A Kelley	First TNT LLC.	XXXXXXXXX
Thomas A Kelley	Towne Building & Design.	83-2947339
Thomas A Kelley	Towne Building & Dev.	46-5756059
Thomas A Kelley	56 Kettle Creek LLC.	85-4208919
Thomas A Kelley	1 Connors Lane LLC	47-2114353
Thomas A Kelley	28 Seaside Ave LLC	85-1944917
Thomas A Kelley	17 Briar Oak LLC	11-1112512
Thomas A Kelley	1 Aspetuck Hill LLC	02-6288345
Thomas A Kelley	Weston Automotive LLC	92-1321210

SECTION 2C - PERSONNEL INFORMATION - CONTINUED

INSTRUCTIONS

PREPARE IN RESUME FORMAT DESCRIBING THE LAST 5 YEARS OF WORK HISTORY

Beginning with PRESENT OR MOST RECENT employment experience and working backward, each owner, officer, manager or member must list all positions held which are necessary for determining their eligibility as a licensee. List all positions (titles) separately, even if with the same employer. Clearly describe the work (duties) they personally performed. If additional space is required, attach an 8 1/2" x 11" sheet, using the same format. Continue the number sequence for additional jobs listed. You must fill out this application completely even if a resume is being attached.

NAME OF APPLICANT 1 Thomas Kelley	OFFICIAL JOB TITLE (Start with most recent job) Owner	TYPE OF BUSINESS Development	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS Towne Building & Development 28 Hermit Ln Westport, CT 06880			DEPARTMENT WHERE ASSIGNED N/A
BUSINESS PHONE NUMBER 203-984-2033	EMPLOYED FROM: Month 11 Year 14	EMPLOYED TO: Month 12 Year 22	TOTAL (Yrs., Mos.) 8 yrs 1 month

IN DETAIL, DESCRIBE YOUR MECHANICAL, SALES AND/OR MANAGEMENT EXPERIENCE (In Detail) AS RELATED TO A DEALER'S OR REPAIRER'S LICENSE.

Design, curate, and build luxury homes. Interview, hire and oversee teams of different contractors to complete all work, plumbin, HVAC, electrical, etc. Liason with cleints to bring their vision to life.

APPLICANT NUMBER 2	OFFICIAL JOB TITLE (Start with most recent job)	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month Year	EMPLOYED TO: Month Year	TOTAL (Yrs., Mos.)

IN DETAIL, DESCRIBE YOUR MECHANICAL, SALES AND/OR MANAGEMENT EXPERIENCE (In Detail) AS RELATED TO A DEALER'S OR REPAIRER'S LICENSE.

APPLICANT NUMBER 3	OFFICIAL JOB TITLE (Start with most recent job)	TYPE OF BUSINESS	TITLE OF IMMEDIATE SUPERVISOR
COMPANY NAME AND ADDRESS			DEPARTMENT WHERE ASSIGNED
BUSINESS PHONE NUMBER	EMPLOYED FROM: Month Year	EMPLOYED TO: Month Year	TOTAL (Yrs., Mos.)

IN DETAIL, DESCRIBE YOUR MECHANICAL, SALES AND/OR MANAGEMENT EXPERIENCE (In Detail) AS RELATED TO A DEALER'S OR REPAIRER'S LICENSE.

ATTACH ADDITIONAL PAGES IF NECESSARY

SECTION 3 - SITE / OFFICE INFORMATION

	NUMBER OF REPAIR BAYS 3	WASTE OIL TANK <i>(Size and Location)</i> 275 gallon behind building					
POSTED BUSINESS HOURS <i>(Days & Hours Open to the Public)</i>	SALES DEPARTMENT <i>(If dealer)</i>	PARTS DEPARTMENT					
	SERVICE DEPARTMENT Mon- Fri 8am-5Pm	TOWING DEPARTMENT					
DO YOU HAVE THE FOLLOWING REQUIRED FORMS? <i>(Sales and related forms for Dealers only)</i>	PURCHASE ORDERS <input type="checkbox"/> YES <input type="checkbox"/> NO	SALES INVOICES <input type="checkbox"/> YES <input type="checkbox"/> NO	FEDERAL USED CAR BUYER'S GUIDES <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATE ORDERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WAIVERS OF ESTIMATES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LOAN AGREEMENT FORMS <input type="checkbox"/> YES <input type="checkbox"/> NO	
	SUPPLEMENTAL I.D. CARDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REPAIR ORDERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FEDERAL ODOMETER STATEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	PROVISIONS FOR DOCUMENTING ORAL AUTHORIZATIONS TO PERFORM REPAIR <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOW RECORD INVOICES	
	CONSUMER INFORMATION SIGN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LEMON LAW SIGN <i>(New Car dealer)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	LABOR RATE SIGN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	VIN ETCHING <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	DEALER CONVEYANCE FEES <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE THE FOLLOWING REQUIRED SIGNS?	APPROVED TOWED VEHICLES STORAGE RATES <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		SAFETY INSPECTION FORM (K208) <input type="checkbox"/>				

SECTION 4 - INITIAL REQUEST FOR MARKER PLATES

NUMBER OF FULL TIME EMPLOYEES: *(INCLUDING OFFICERS, AND PROPRIETORS)* **4**
 BASED ON THE NUMBER OF FULL TIME EMPLOYEES (SEE ABOVE) I AM REQUESTING THE FOLLOWING NUMBER OF PLATES **(0-3)** **3**
 DESCRIBE THE NEED FOR THE AMOUNT OF PLATES YOU ARE REQUESTING. IF APPLICABLE, SX PLATES REQUIRE GROSS WEIGHT.

2 plates for loaner vehicles and a third for picking up and dropping-off customers vehicles from residences.

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SECTION 4A - REQUEST FOR SPECIAL COMMERCIAL SX PLATES (IF APPLICABLE)

GROSS VEHICLE WEIGHT	PLATE USE	NUMBER OF PLATES

DMV USE ONLY
(Inspector's comments)

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ATTACH ADDITIONAL PAGES IF NECESSARY

MUST BE COMPLETED AND NOTARIZED BY EACH OWNER LISTED ON THE K7 APPLICATION

SECTION 5 - QUESTIONNAIRE/SUMMARY INFORMATION

THE FOLLOWING SECTION IS A QUESTIONNAIRE DESIGNED TO PROVIDE FURTHER DETAIL AS TO YOUR KNOWLEDGE AND ABILITY TO PROPERLY OPERATE UNDER THE LICENSE FOR WHICH YOU ARE MAKING APPLICATION. THIS SECTION MUST BE COMPLETED BY EACH OWNER, OFFICER AND MEMBER AS LISTED IN SECTION 2 OF THIS FORM. COPY AND ATTACH ADDITIONAL INFORMATION, IF APPLICABLE.

Has the applicant, any partner, any LLC member or officer of said applicant ever been arrested, charged with, convicted of or plead no contest to any felony or misdemeanor/crime, excluding traffic violations? YES NO

If YES, give full details on a separate sheet including crime, type (felony or misdemeanor), date, place of conviction, sentence received, etc. You must also attach copies of all final court judgments for those convictions. Failure to comply will result in your license being delayed or not approved.

Has the applicant, any partner, any LLC member or any director or officer of said application ever :

- a. Had a motor vehicle dealers's or repairer's or recycler's license subjected to denial or disciplinary action? YES NO
- b. Had any other type of occupational license (excluding driver's license) subjected to denial or disciplinary action? YES NO
- c. Been found liable in a civil action for odometer fraud or operating a dealer, repairer, or motor vehicle recycler business without a license. YES NO

Any "yes" answer above must be explained fully in a separate letter signed and dated by applicant.

ACKNOWLEDGE THE FOLLOWING STATEMENTS BY INITIALING THE BLANK

I understand that it is my responsibility to employ at least one qualified mechanic who has a thorough knowledge of the product handled and the services to be rendered, including sufficient tools and equipment for proper servicing.	INITIALS TK
I understand that any owner, officer or employee that has use of dealer/repairer plates during or after business hours is required to carry a supplemental I.D. Card with them and a record of same is to be maintained at the place of business in accordance to law.	INITIALS TK
I understand that after hours usage of dealer/repairer plates may only be used by bonafide full time employees for which legitimate payroll deductions are taken, or by owners/officers/managers of my business, or on legal loan as specified by state law.	INITIALS TK
I understand that an individual that is not employed legitimately by my business may not use a dealer/repairer plate for any reason unless it is issued on legal loan as specified by state law.	INITIALS TK
I understand that prior to performing any repair work to a motor vehicle, I must obtain authorization from the customer and provide cost estimate in accordance to state law.	INITIALS TK
I understand that if licensed as a motor vehicle dealer I must provide sales customers with proper purchase order, sales invoice, K208 and Federal odometer statement in accordance to State and Federal law.	INITIALS TK
I understand that my business is responsible for the actions of my employees relative to the customers of my business whether I authorized their actions or not and any illegal use of dealer or repairer plates.	INITIALS TK
I understand that a DMV administrative hearing can be held which would suspend/revoke my license for failure to conduct my business in accordance with the General Statutes and Regulations of Connecticut State Agencies.	INITIALS TK

SECTION 6 - NOTARIZATION

DO NOT SIGN BELOW WITHOUT WITNESS OF A NOTARY OR INSPECTOR

Pursuant to CSG 53a-157b, I declare that the statements made by me in this application or in any documents attached hereto are true and complete to the best of my knowledge and belief.

QUALIFIED PERSON (Name Printed) Thomas Kelley	POSITION WITH BUSINESS Owner	DANIEL JAMES CAMPBELL NOTARY PUBLIC STATE OF CONNECTICUT
PRINCIPAL'S SIGNATURE X	DRIVER'S LICENSE NUMBER 1/3/23	My Commission Expires 6/30/26
SUBSCRIBED AND SWORN TO BEFORE ME	PLACE SWORN Wester CT	DATE SWORN 1/3/23
SIGNATURE OF NOTARY PUBLIC OR INSPECTOR X	PRINTED NAME OF NOTARY PUBLIC OR INSPECTOR Daniel Campbell	

DMV USE ONLY	TYPE OF LICENSE APPLIED FOR <input type="checkbox"/> New Dealer <input type="checkbox"/> Used Dealer <input type="checkbox"/> General Repairer <input type="checkbox"/> Limited Repairer	LICENSE NUMBER	PLATE NO.	NO. OF PLATE SETS	TAX TOWN	TYPE
	STATUS OF APPLICATION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUTHORIZED SIGNATURE X			DMV USE ONLY - MANUFACTURER LICENSE NO.	





”Sorry We Missed you”

BUSINESS HOURS

Monday-Friday
8:00am-5pm

Saturday / Sunday
Closed

RING
BELL



**This Establishment is Licensed With The
State Department of Motor Vehicles
EACH CUSTOMER IS ENTITLED TO . . .**

1. A WRITTEN ESTIMATE FOR REPAIR WORK.
2. A DETAILED INVOICE OF WORK DONE AND PARTS SUPPLIED.
3. RETURN OF REPLACED PARTS: THE MOTOR VEHICLE REPAIR SHOP SHALL MAKE AVAILABLE TO THE CUSTOMER, IF REQUESTED BY THE CUSTOMER AT THE TIME WRITTEN OR ORAL AUTHORIZATION IS PROVIDED FOR WORK TO BE PERFORMED.
 - NO REPAIR WORK MAY BE UNDERTAKEN ON A VEHICLE WITHOUT THE AUTHORIZATION OF THE CUSTOMER.
 - NO CHARGES FOR REPAIR MAY BE MADE IN EXCESS OF THE WRITTEN ESTIMATE WITHOUT THE WRITTEN OR ORAL CONSENT OF THE CUSTOMER.
4. QUESTIONS CONCERNING THE ABOVE SHOULD BE DIRECTED TO THE MANAGER OF THIS REPAIR FACILITY.
5. UNRESOLVED QUESTIONS REGARDING SERVICE WORK MAY BE SUBMITTED TO :

DEPARTMENT OF MOTOR VEHICLES
DEALER REPAIR DIVISION
80 STATE STREET, WETHERSFIELD, CONNECTICUT
TELEPHONE: (800) 263-5405

HOURS OF
OPERATION

MONDAY THRU FRI DAY

8:00 AM - 4:00 PM



Corporate Office
2600 north central exp
Suite 400
Richardson, TX 75080
Telephone 860-754-2400

12-15-22

To Whom It May Concern:

This is to certify that Safety-Kleen Systems, Inc. will remove waste oil from:

Weston Automotive LLC
190 Weston Rd
Weston, CT 06883

We request notification from your company, no less than once a year, verifying proper storage of Connecticut Regulated waste. We also request notification when your tank(s) reach 3/4 capacity. Pricing for disposal will depend upon current rates, If for any reason, our services are not required within a one-year period, please contact our office so we can update our files with the State of Connecticut, Department of Motor Vehicles and Department of Environmental Protection.

(EPA I.D. No. TXR000050930; License # CT-HW-323.)

Account Manager

Dan Charpentier

Account Manager

12-15-22

SIGNATURE:

Safety-Kleen Systems, Inc.

DATE:

SIGNATURE:

[Handwritten Signature]
[Handwritten Signature]
Thomas A. Kelley Jr. Owner/Partner

DATE:

1/2/23

29771

TRADE NAME CERTIFICATE

The undersigned does hereby certify that he/she/they own, conduct and transact business under the assumed name of: WESTON AUTOMOTIVE LLC

the address of said business is: 190 WESTON RD., WESTON, CT. 06883

Please give a brief description of the business Automotive Service and Repair

The full name and address of each person conducting or transacting said business:

IN WITNESS WHEREOF, I/we have hereunto set my/our hand in the Town of Weston

Name (Please print) Thomas A. Kelley Jr. Name (Please print) - n/a

Address 28 Hermit Lane Address _____

Signature WESTON, CT. 06883 Signature _____

[Signature] 1/3/23

STATE OF CONNECTICUT ss: WESTON

COUNTY OF FAIRFIELD

On this 3rd day of January 2023 ^(SP) before me the undersigned officer, personally appeared Thomas A. Kelley Jr. known to me or satisfactorily proved to be the person(s) whose name subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF I HAVE HEREUNTO SET MY HAND

SHAWN M AMATO
Notary Public of Connecticut
My Commission Expires 02/28/2027

Shawn M. Amato
Notary Public/Commissioner of Superior Court

The above and foregoing is a true copy of the original certificate on file in the office of the Town Clerk of the Town of Weston, Connecticut

ATTEST: Shawn M. Amato

DATE: January 3, 2023



VEHICLE STORAGE RATES REQUIREMENTS APPLICATION
 K-89 REV. 7-2018

STATE OF CONNECTICUT
 DEPARTMENT OF MOTOR VEHICLES
 DEALERS AND REPAIRERS SECTION
 On The Web At ct.gov/dmv

MUST BE FILED WITH THE DEALERS AND REPAIRERS DIVISION - WETHERSFIELD



TO: DEPARTMENT OF MOTOR VEHICLES, DEALERS AND REPAIRERS SECTION, 60 STATE STREET, WETHERSFIELD, CT 06161

BUSINESS NAME: Weston Automotive LLC
 BUSINESS ADDRESS: 190 Weston Rd Weston, CT 06883
 DEALER/REPAIRER LICENSE NUMBER: N/A NUMBER OF WRECKERS: N/A LIST WRECKER REGISTRATION PLATE NUMBERS: N/A
 ADDRESS OF STORAGE AREA IF DIFFERENT FROM BUSINESS ADDRESS: _____

OPERATING HOURS OF STORAGE AREA: MON- FRI 8AM-5PM
 DAYS AND HOURS WHEN VEHICLE CAN BE CLAIMED BY CUSTOMER: _____
 IS THE STORAGE AREA PROPERLY ILLUMINATED (Sufficient Light to illuminate Storage Area)?
 YES NO
 IF STORAGE AREA IS FENCED, TYPE OF FENCE: _____
 IF STORAGE AREA IS FENCED, HEIGHT OF FENCE: _____
 IF YES, DOES THE FENCE HAVE A LOCKED GATE? YES NO

TYPE OF CONSTRUCTION OF BUILDING IN WHICH VEHICLES ARE STORED (e.g., Wood, Cement, Brick, etc.): _____

TYPE OF FIRE PREVENTION SYSTEM OR DEVICES (e.g., Sprinkler System, Extinguishers, etc.): _____

STORAGE AREA	ITEM	INSIDE BUILDING	OUTSIDE (Fenced, Lighted, and Protected)	OUTSIDE BUILDING
	TYPE OF SECURITY ALARM OR SECURITY DEVICES (Alarms, Guard, etc.)	SECURITY CAMERAS	LIGHTED	
	NUMBER OF VEHICLES WHICH CAN BE STORED	0	4	

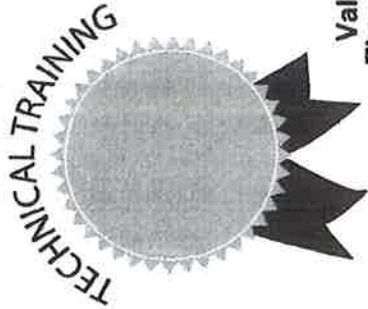
STORAGE CHARGES PER 24 HR. PERIOD	LENGTH OF VEHICLE	INSIDE BUILDING		OUTSIDE BUILDING	
		6 DAYS OR LESS	MORE THAN 6 DAYS	6 DAYS OR LESS	MORE THAN 6 DAYS
	LESS THAN 20 FEET	\$30.00 PER DAY	\$37.00 PER DAY	\$26.00 PER DAY	\$31.00 PER DAY
	20 FEET THROUGH 32 FEET	\$35.00 PER DAY	\$48.00 PER DAY	\$30.00 PER DAY	\$37.00 PER DAY
	OVER 32 FEET	\$43.00 PER DAY	\$63.00 PER DAY	\$35.00 PER DAY	\$46.00 PER DAY

I HEREBY ATTEST TO THE FACT THAT I WILL COMPLY WITH THE STATE STORAGE RATES.

NAME OF LICENSEE (Please Print): Thomas A. Kelley Jr. SIGNATURE OF LICENSEE: _____ DATE SIGNED: 1/2/03



CERTIFICATE OF EXCELLENCE



**Valid
Through**
MAR 2016
JAN 2020
JUL 2020
JUL 2020
MAR 2016
JAN 2016

Accelerated Service
Brake System
Electrical Fundamentals
Electrical Systems
General
Total Quality Inspection

THIS CERTIFIES THAT

BRUCE WOODWARD

HAS SUCCESSFULLY COMPLETED ALL TRAINING
AND DEMONSTRATED COMPETENCY.

Instructor(s)

Technical Training Operations
American Honda Motor Co., Inc.

July 2015
251462



cut on dotted line

THIS DOCUMENT HEREBY CONFIRMS

BRUCE WOODWARD

**has successfully completed
the ASE Refrigerant Recovery & Recycling
Review and Quiz.**

January 30, 2009

Timothy A. Zilke

Timothy A. Zilke
President, ASE

C132001 MVAC
Identification Number

This program meets Section 609 Requirements from U.S. EPA.

Location: 190 WESTON ROAD Map/Lot: 22 4 36 Zone: C Date Printed: 01-17-23
 911 Address: Exempt Neighborhood: C300 Last Update: 09-16-22

Owner Of Record
 WESTON SHOPPING CENTER ASSOCIATES LLC TOLK HOME ESTATE PROPERTY MA Volume/Page 231 /84 Date 08-10-95 Sales Type Quit Claim Valid NO Sale Price 0
 P. O. BOX 1284 WESTON, CT 06883

Prior Owner History
 WESTON SHOPPING CENTER ASSOCIATES 153 /791 12-31-86 Quit Claim NO 0
 WESTON SHOPPING CENTER ASSOCIATES TOLK HOME ESTATE PROPERTY MANAGEMENT 61 /2 04-18-82 Name Change NO 0
 WESTON SHOPPING CENTER INC TOLK HOME ESTATE PROPERTY MANAGEMENT 43 /559 12-21-49 NO 0

Permit Number	Date	Cost	New Hous	Status	% Comp	Est. Completion	Building Permit
8737FP	03-01-22	6,500	No	Permit Issue	0	10-01-22	UPGRADING SYSTEM
8737	12-20-21	425,000	No	Permit Issue	0	12-29-21	RENOVATIONS TO THE WESTON MARKET
8392	03-31-20	60,000	No	Closed	100	05-08-20	TENANT FIT OUT 1600 SQ FT TO BE CONVERTED TO EXERCISE STUDIO-REPORT BY
8126	07-12-18	8,000	No	Closed	100	07-31-18	REMOVE AND REPLACE LOADING DOCK
8022	01-22-18	7,500	No	Closed	100	02-12-18	
8000	11-29-17	8,000	No	Closed	100	02-07-18	SEE PERMIT(GAS STATION), REMOVE 2 LUST

Census/Tract	83430	Code	Quantity	Value	Code	Quantity	Value	Appraised Value
Dev Map	3771.3894	Dev Lot	6.17	4,765,940				Total Land Value 6,808,500
Subdivision		21- Comm Land	6.00	1,433,270				Total Building Value 2,047,523
Date	04/30/2015	22-Comm Bldg	4.00	172,920				Total Outbuilding Value 247,025
Inspector KW		25-Comm Outbldg						Total Market Value 9,103,048
District	VILLAGE DISTRICT							

Land Type	Acres	490	Rate	Adj	Assessment History (Prior Years as of Oct 1)			Total Value	Land Type	Influence Reason	Influence	Comment
					2021	2020	2019					
Primary Site	5.00	0.00	750,000	1.00	800	4,765,940	6,750,000	Primary Site	800	Intensive Use		
Comm Excess	1.17	0.00	50,000	1.00	0	1,433,270	58,500					
Total	6.17					6,372,130	6,808,500					

Land	Building	Outbuilding	Total	Assessment History (Prior Years as of Oct 1)			Total Value	Acres	Type	Value	Acres	Type	Value
				2021	2020	2018							
4,765,940	1,433,270	172,920	6,372,130	4,765,940	1,433,270	172,920	6,372,130	4,765,940	1,433,270	172,920	6,372,130	Totals	

SM 3894 EASEMENT
 LIQUOR ST, HARDWARE ST, REAL ESTATE OFF
 INTERIOR RENOVATIONS IN 2008
 POST OFFICE
 IA 12/08
 NEW STAIRS TO SECOND FLOOR STORAGE ROOM
 PUBLIC COMMERCIAL FIELDCARD
 THIS DOCUMENT WAS PREPARED FOR ASSESSMENT PURPOSES ONLY
 REVALUATION DATE: 10/01/ 2018

Location: 190 WESTON ROAD

Unit

Use	Class	Quality	Sty	WH	Area	BG	Units
Service Center	Masonry	C	1	12	539	NO	
Gas Station	Masonry	A	1	12	1,364	NO	

11 1S SER CTR- 7	44
11	
1.75S SER CTR- 31	1S Gas Station+

Commercial Building Description	Description	Area/Qty
Building Use	Gas Station	
Class	92	1,903
Overall Condition	Average	1,364
Construction Quality	A	0
Stories	1.75	0
Year Built	1962	0
Remodel		0
Percent Complete	100	0
GLA	1,903	0
Basement Area	Basement 1364	
Basement Unfinished Area		
HVAC		
Heating Type	Forced Hot Air	
Fuel Type	Oil	
Cooling Type	None	0 %
Floors	Interior	
Walls	Concr Abv Grad	
Wall Height	Other	
Exterior Walls	Exterior	
Roof Cover	Masonry	
Special Features	Asphalt	

Attached Component Computations	
Type	Yr Bit Condition Area/Qty
Grade Factor	0 Physical Depreciation % 23
Functional Depreciation %	0 Economical Depreciation % 0
Total Building Value	
Building 4	Value 254,386
Valuation Method	I



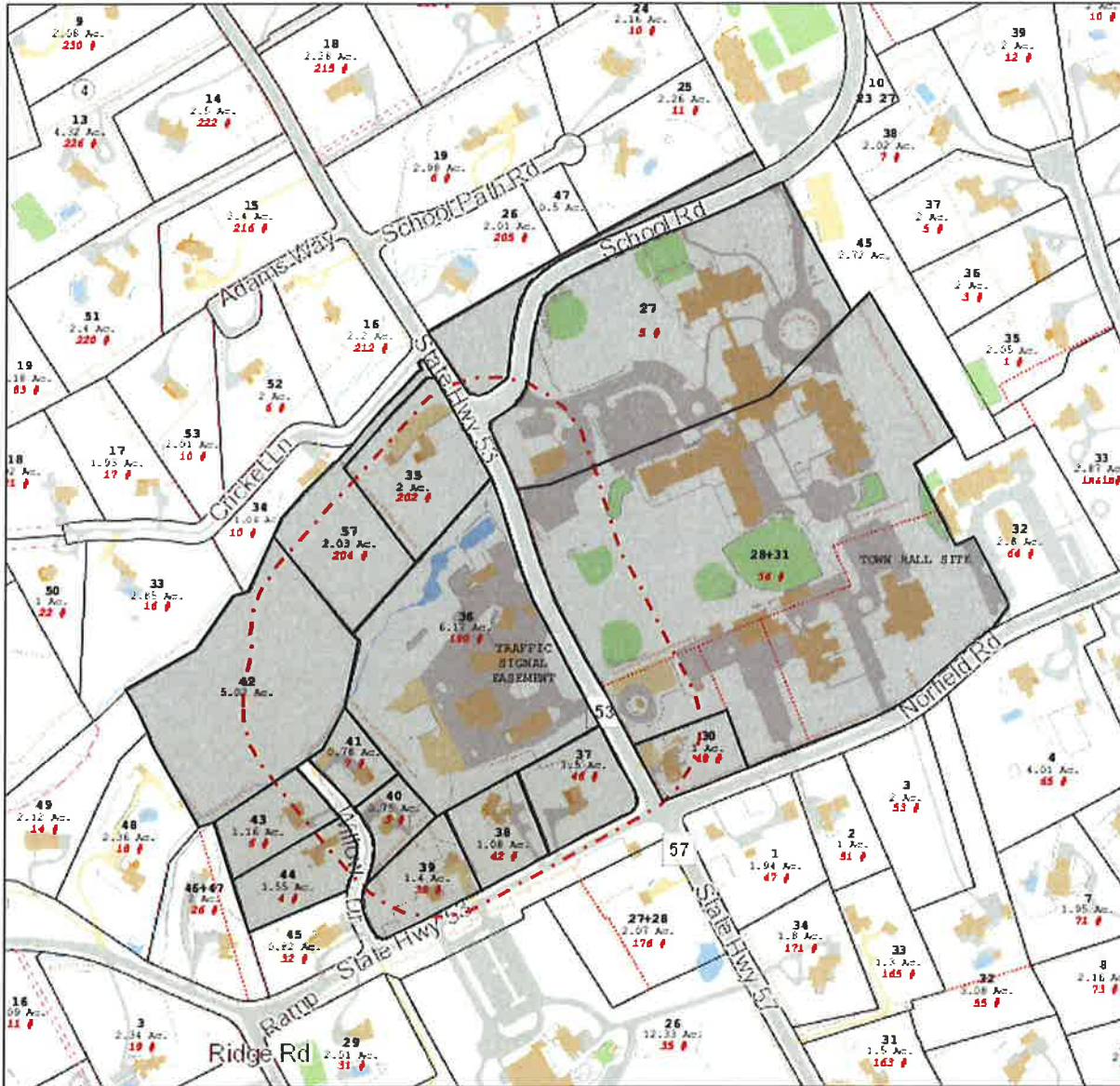
Detached Component Computations			
Type	Year	Condition	Area/Qty
Canopy	2008	Average	728
Total Building Value			
Building 4	Value	254,386	
Valuation Method	I		

Town of Weston

Geographic Information System (GIS)



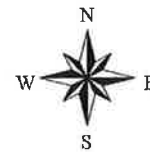
Date Printed: 1/12/2023



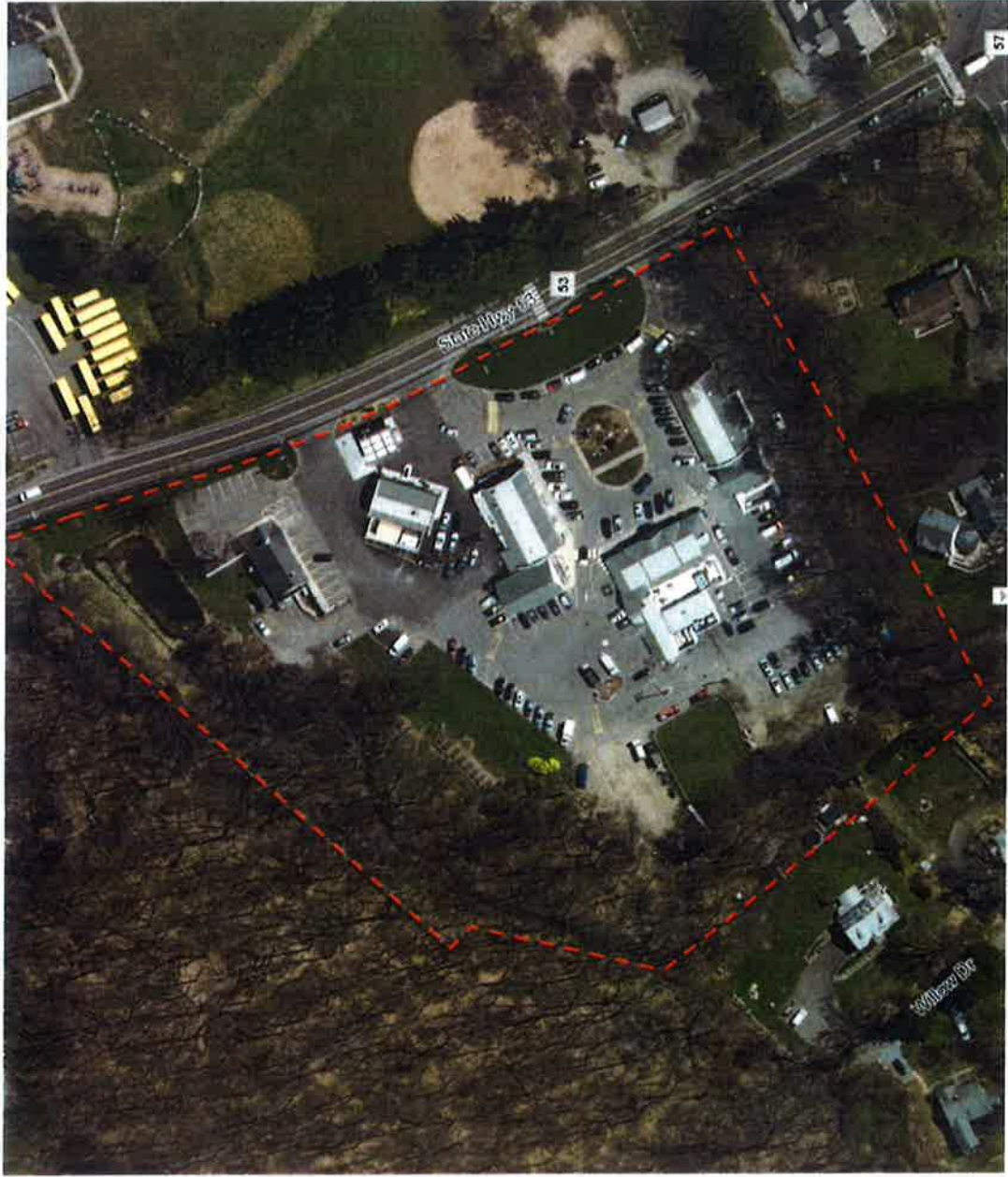
MAP DISCLAIMER - NOTICE OF LIABILITY

This map is for assessment purposes only. It is not for legal description or conveyances. All information is subject to verification by any user. The Town of Weston and its mapping contractors assume no legal responsibility for the information contained herein.

Approximate Scale: 1 inch = 100 ft



2019 AERIAL 190 WESTON ROAD





Incorporated 1787

Zoning Board of Appeals

LEGAL NOTICE DECISION

Notice is hereby given that at a Weston Zoning Board of Appeals public hearing held on Tuesday, February 23, 2021, via Zoom, to consider the following decision was made:

APPROVED: 190 WESTON ROAD, owner, WESTON SHOPPING CENTER ASSOCIATES, LLC, applicant, MPH Auto & Tire LLC, Map 22, Block 4, Lot 36, Certificate of Local Approval of Proposed Location for State of Connecticut Department of Motor Vehicles Application for General Repairer License for MPH Auto & Tire LLC.

The Board's file is available on the Zoning Board of Appeals page of the Town of Weston's website <https://www.westonct.gov/government/boards-commissions/elected/zoning-board-of-appeals>

Dated March 4, 2021 in Weston, CT by Don Scarborough, ZBA Chairman

To be published on the Town of Weston's website on March 4, 2021 under Legal Notices:
<https://www.westonct.gov/government/legal-notices>

(Notice to be published until March 22, 2021)

Town of Weston, Connecticut
Planning & Zoning Commission

ZONING PERMIT

Issued to: **Weston Shopping Center Associates, LLC**

Property address: 190 Weston Road

Assessor's Map: 22 Block: 4 Lot: 36

Weston Land Records Map: 3771 Lot:

Survey Prepared by The Huntington Company, LLC : Data Accumulation
Plan Prepared for Carisyl, LLC, dated 10/13/16, last revised 1/13/21

The Weston Planning & Zoning Commission hereby authorizes the issuance of a Zoning Permit for the Additional Workspace Behind the Weston Service Station and MPH Auto and Tire.



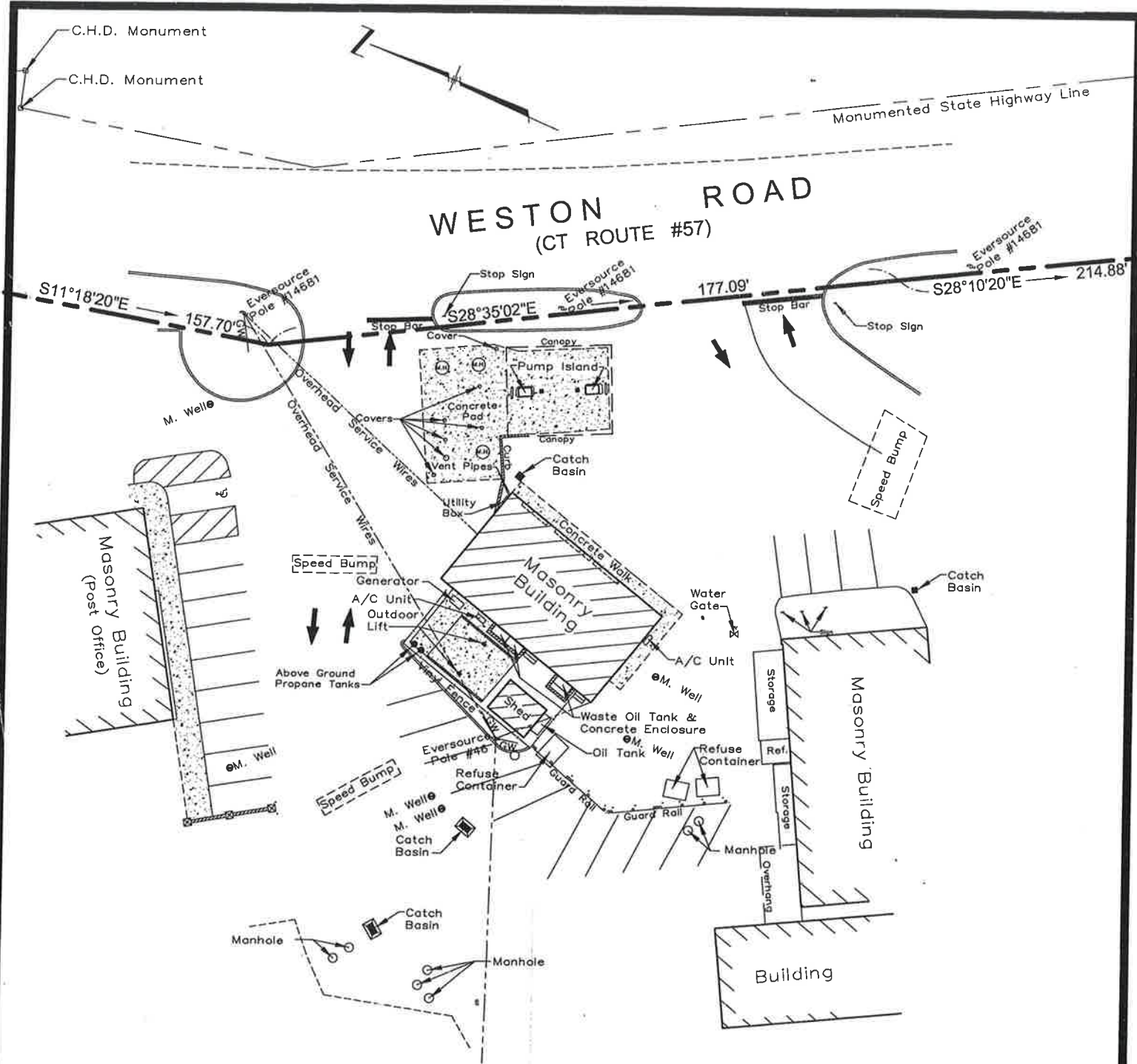
Kenneth Edgar, Chairman
Planning & Zoning Commission

Date of Issuance: March 1, 2021

Notes to Permittees:

This permit shall expire two years from issuance. (See Reg. §411.1)

A Certificate of Zoning Compliance may be issued upon completion of a project only upon receipt and review of an (as-built) A-2 Property Survey. Issuance of a *Limited* Certificate of Zoning Compliance does not require submission of a survey, but will be issued only with respect to construction limited to work performed (i) within the interior of an existing structure, (ii) on the foundation of an existing structure, or (iii) pursuant to Reg. §416.



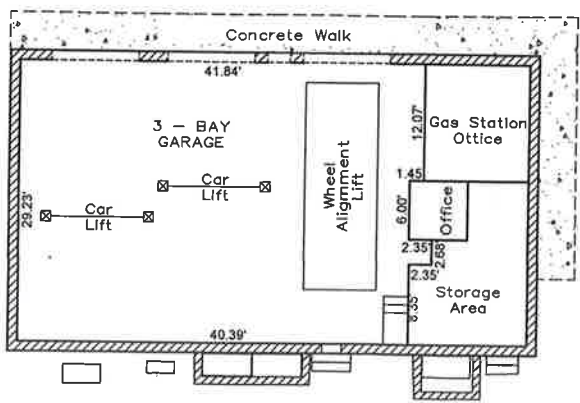
Donald Scarborough
 Chairman, Weston Zoning Board of Appeals
 5/13/21

APPLICATION:
MPH AUTO & TIRE LLC
 190 WESTON ROAD - WESTON, CONNECTICUT

PREPARED BY WALTER H. SKIDD, L.S. Conn. Reg. #14663
 SCALE: 1" = 40' DATE: MAY 3, 2021

"Certified Substantially Correct"

Walter H. Skidd
 WALTER H. SKIDD, L.S. Conn. Reg. #14663
 1992 STRATFIELD ROAD - FAIRFIELD, CONN.
 TELEPHONE (203) 373-0401



INTERIOR OF SERVICE AREA

For 190 Weston Road Application -
Approval of Location for DMV Repairer's License
See Section 44.2

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Part V

OTHER MUNICIPAL APPEALS

Chapter 44

Other Municipal Administrative Appeals

- § 44:1 Introduction; right to appeal decisions of other municipal agencies
- § 44:2 Car dealerships and repairer's licenses
- § 44:3 Gasoline service station license
- § 44:4 Junk yards
- § 44:5 Historic districts
- § 44:6 Waterway protection lines
- § 44:7 Sewer appeals; assessment and user fees
- § 44:8 Building appeals
- § 44:9 Scenic roads

KeyCite®: Cases and other legal materials listed in KeyCite Scope can be researched through the KeyCite service on Westlaw®. Use KeyCite to check citations for form, parallel references, prior and later history, and comprehensive citator information, including citations to other decisions and secondary materials.

§ 44:1 Introduction; right to appeal decisions of other municipal agencies

The following administrative appeals, among others, also exist under provisions of the General Statutes. There is no right to appeal a decision of a municipal agency except and to the extent allowed by statute and in each case the terms of the appeal statute governs. In all of the following appeals, the appellant must establish aggrievement.



§ 44:2 Car dealerships and repairer's licenses

The zoning board of appeals approves the location for new and used car dealerships and repairer's licenses under General Statutes §§ 14-54 and 14-67i, and an appeal from its decision is