Town of Kent

Historic District Commission Application for a Certificate of Appropriateness

The undersigned, being the owner of the property situated in the area known as Flanders in the Historic District in the Town of Kent, CT and hereinafter referred to as The Applicant, states that he or she has read and understands Sections 3 through 9 of the current Regulations of the Historic District Commission and hereby applies for a Certificate of Appropriateness for the action described herein at the location described below. Applicant hereby grants permission for any member or designated agent of the Historic District Commission to inspect and examine the site of the proposed work, commencing on the date hereof and ending sixty (60) days after completion of the work.

I. PROPERTY OW:	7 4 W 3 W W T 1 4411110	
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	Phone: Home	Business
	Cell	Email
2. OCCUPANT	Name:	
(if not owner)	Phone: Home	Business
	Cell	Email
3. LOCATION OF I	PROPERTY (include	e Street Number)
4. OWNER'S REPR	RESENTATIVE (if a	ny retained to supervise work described below):
	Mail Address	
	Phone: Home	Business
		Email
(attach additional page		and materials to be used as they affect exterior appearance
	s as needed)	
6. Documents accom	s as needed) panying this applica	ntion
6. Documents accom	s as needed) npanying this applica	ation
6. Documents accom a). Fee Non b). Site Plan	s as needed) npanying this applica	ation f). Survey Map
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(Not to be filled in by applicant)

Application No.		Date Received	
#			
Notice of Public Hearing Published		a vicence at they are the countries;	
		Date of Hearing	
Date & Action	Approved as	Approved as Modified	Application
Taken:	Submitted		Rejected

Conditions of Approval or Reasons for Denial: