



DRIVEWAY APPLICATION

TOWN OF KENT, CT

THIS APPLICATION MUST BE ACCOMPANIED BY A SKETCH PLAN AS REQUIRED BY THE ZONING REGULATIONS.
THIS IS NOT A BUILDING PERMIT.

Name of property owner:

Owner's mailing address:

Telephone number:

E-mail address:

Applicant's name:

Applicant's address:

Applicant's telephone:

E-mail address:

Property address:

Proposed driveway width:

Proposed driveway length:

Driveway grade first 15 ft.

Maximum grade for remainder:

Sight lines: Right:

ft.

Left:

ft.

Angle of intersection:

Proposed use:

☐

Residential

☐

Commercial

☐

Industrial

Is intersecting road paved:

☐

If yes, bituminous concrete entrance is required for the first 20 feet or to the property line, whichever is greater.

Date work will commence:

Estimated completion date:

Materials to be used in construction:

Cubic yards of fill to be deposited on the property (if any):

Yards of earth materials to be removed off the property (if any):

Is this property subject to a conservation or preservation restriction: Yes

☐

No

☐

If so, a written notice must be sent to the party holding such restriction sixty days prior to the submittal of this application.
Proof of this notice shall be attached as per CT Public Act 05-124.

Approval of Kent Road Foreman:

Recommendations (if any):

Signature of applicant:

Date:

Estimated cost of work:

Fee:

Total cost not more than \$2,000=\$50.00 plus \$60.00 state fee

Total cost more than \$2,000=an additional .1% of the total project cost

OFFICE USE ONLY

Application No: _____

Map: _____ Block: _____ Lot: _____

Application fee: _____

Date received: _____

Permit granted: _____ Permit not granted: _____

Permit # _____

Date of action: _____

Zoning regulations: _____

Please note: All decisions made by the Land Use Administrator may be appealed to the Zoning Board of Appeals if filed within the specified 30-day appeal period. Please see the Connecticut General Statutes Section 8-7 as amended.