



**Town of Kent  
Zoning Board of Appeals  
P.O. Box 678  
Kent, CT 06757**

(FOR OFFICE USE ONLY)  
App. #: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Date of Receipt: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Check # \_\_\_\_\_

**APPLICATION TO APPEAL a decision of the Town of Kent's Land Use Administrator**

**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Contact phone #: \_\_\_\_\_  
E-mail or fax: \_\_\_\_\_

**PROPERTY INFORMATION**

Owner(s) of subject property: \_\_\_\_\_  
Street address of property: \_\_\_\_\_  
Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Is the subject property within 500 feet of New Milford, Sharon, Sherman, New York State, Warren, Cornwall or Washington?  Yes  No

**APPEAL INFORMATION**

Date of Land Use Administrator's decision: \_\_\_\_\_

Description of Land Use Administrator's decision: (Use additional paper if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH TO THIS FORM:**

- 1. Letter to ZBA Chairman explaining the reason for the Appeal.
- 2. Written confirmation that the LUA has been notified of the Appeal.
- 3. Application Fee of \$170.00 made payable to the Town of Kent.