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.

1. PROPERTY OWNER Name____________________________________
   Mail Address________________________________________________
   Phone: Home__________________ Business_______________________
   Cell________________________ Email__________________________

2. OCCUPANT Name:___________________________________________
   (if not owner) Phone: Home__________________ Business_______________________
   Cell________________________ Email__________________________

3. LOCATION OF PROPERTY (include Street Number)
   ___________________________________________________________________

4. OWNER’S REPRESENTATIVE (if any retained to supervise work described below):
   Name:___________________________________________________________
   Mail Address___________________________________________________
   Phone: Home__________________ Business_______________________
   Cell________________________ Email__________________________

5. Full description of all work to be done and materials to be used as they affect exterior appearance:
   (attach additional pages as needed)

6. Documents accompanying this application
   j). Other ____________________________________________________________

7. The Work described above is expected to be completed by _____/_____/20__.

Dated at Kent, Connecticut, this ______ day of___________ 20__

_______________________________________________________________
Signature of Property Owner

___________________________
Accepted by ________________________ on _____/_____/20__

For Historic District Commission Use Only
(Not to be filled in by applicant)

Application No. ........................................

Date Received ...........................................

# ........................................................

Date of Hearing ........................................

Date & Action ...........................................

Notice of Public Hearing Published ..............

Approved as ..... Application ........................

Taken ...................... Submitted ..............

Approved as Modified .... Rejected ..............

Conditions of Approval or Reasons for Denial: