



**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 FOR CERTIFICATE OF APPROVAL
FOR MOTOR VEHICLE SALES, SERVICES AND REPAIR USES**

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

Signature of Owner(s): _____ Date: _____

Date: _____
Signature of Applicant: _____ Date: _____

- ATTACH TO THIS FORM:**
1. Letter from Planning & Zoning approving use, if applicable.
 2. **Application Fee** of \$170.00 made payable to *Town of Kent*.