



COMMERCIAL ZONING APPLICATION

TOWN OF KENT, CT

THIS APPLICATION MUST BE ACCOMPANIED BY A SKETCH PLAN AS REQUIRED BY THE ZONING REGULATIONS.

ALL DRIVEWAYS AND SIGNS NEED A SEPARATE APPLICATION AND PERMIT.
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:

Application is hereby made to the Planning and Zoning Commission for a permit to construct the following structure:

Activity:

Property address:

Change of use: From: To:

Distance to property lines: Front: Rear: Right side: Left Side:

Size of proposed structure: x Sq. ft.: Height of proposed structure:

Lot area: acres 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.

**THIS PROPOSAL MUST BE APPROVED BY THE TOWN SANITARIAN PRIOR TO THE
SUBMISSION TO THE PLANNING AND ZONING COMMISSION.**

Signature of applicant: Date:

Estimated cost of work: Fee: Total cost not more than \$2,000=\$50.00 plus \$30.00 state fee
Total cost more than \$2,000=an additional .5% of the total project cost

OFFICE USE ONLY

Application No: _____
Map: _____ Block: _____ Lot: _____
Application fee: _____
Date received: _____

Date of action: _____
Permit granted: _____ Permit not granted: _____
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.