



ENFIELD HISTORIC DISTRICT COMMISSION APPLICATION FORM

Initial Review date: _____ Normal Repair & Maintenance; no further action required _____

DETERMINATION: Review & Report to Commission / HDCR # _____
Certificate of Appropriateness / HDC # 463.2 TPL-20-141

Hearing Date: _____ Advertisement Date: _____ File close date: _____

Inspections / dates & comments:

Additional submittal materials required:

Above to be filled out by Planning Department staff

Below to be filled out by applicant

With the submittal of this application, the applicant and owner acknowledge the right of Town staff to periodically enter upon the subject property at reasonable times for the purpose of determining and verifying existing conditions and to determine compliance with the terms of any subsequent approval and conditions of approval.

Property owner: Frank & Elaine Kosa Phone: 860 763 0370 e-mail: FJEFK@CAX.NET
Owner's Address: 1274 ENFIELD ST ENFIELD CT

Project Address, if different: _____

Map 019 / Lot 0065 Sequence # 000700020730

Check those categories below that apply

USE: Residential Combined Residential/Commercial _____ Commercial _____ Private non-profit _____
Single Family _____ Multi-family _____ Apartment/Condo _____ Planned Residential Development _____

Description of the proposed activity:

INSTALL WOOD OR ALUMINUM FENCE ON SOUTH SIDE OF HOUSE
Approximately 50 X 80 X 25

Submittal Materials – check off when submitted (as required, below, or additionally required – see above, staff review):

Site Plan (required) _____ Elevations (required) _____ Contractor(s) list (required) _____
Project materials list (required) _____ Other, from above _____
Other, from above _____ Other, from above _____

Estimated cost of project: \$ _____ Proposed project start date: _____

Applicant or Property Owner Signature Frank Kosa

Date: 10/13/20

Revised January 2010

