

DDS- Planning & Zoning: Historic Review Application



Submission date: **26 October 2022, 11:02AM**

Receipt number: **865**

Related form version: **2**

Property Information

Property Address
Street: 119 vine st
City: Hartford
State: ct
Zip Code: 06112

Zoning District:

Parcel ID:

Property Owner: **Alicia smith**

Property Owner's Address:
Street: 119 vine st
City: Hartford
State: ct
Zip Code: 06112

Phone: **860 8698059**

Email: **Alladeen4life@yahoo.com**

Applicant

Please check if "Applicant" is the same as "Property Owner"

Please check if "Applicant" is the same as "Property Owner"

Name of Applicant: **Alicia smith**

File Date: **10/26/2022**

Address:

Street: 119 vine st

City: Hartford

State: ct

Zip Code: 06112

Phone:

860 869 8059

Email:

Alladeen4life@yahoo.com

Primary Point of Contact

Name:

Phone:

Email:

Describe your application action(s) and provide as much **Boxing in the space on the porch to make it close.** detail as possible.

Proposed work:

Structural Addition

Current materials being repaired/replaced:

No

Materials/products being used in work:

2 by 4 ply wood and sidings

Please upload all supporting materials and photographs below.

[9FDB97D8-2053-4847-B977-CC427B85861A.jpeg](#)

[EEE4D045-4D23-4FB2-B622-1F618952686A.jpeg](#)

[A8CA7B87-C62B-4B0E-9AE8-5634F436F4BA.jpeg](#)

[D94E223C-C751-4E11-B7D9-C1C0669CCEBF.jpeg](#)

Signatures

Signature of Applicant:



[Link to signature](#)

Name of Applicant:

Alicia smith

Date:

10/26/2022

If you are not the property owner, you must attach a Letter of Authorization from the property owner to apply.

Letter of Authorization from Property Owner

Date:

10/26/2022



AA

zillow.com







