# DDS- Planning & Zoning: Historic Review Application



Submission date: 31 October 2022, 8:45AM

Receipt number: 877

Related form version: 2

#### **Property Information**

Property Address Street:189 VINE STREET

City: HARTFORD

State: CT

**Zip Code: 06112** 

Zoning District: HARTFORD

Parcel ID:

Property Owner: SANIKE WHYTE (EMROTH LLC)

Property Owner's Address: Street: 26 LOOMIS STREET

City: HARTFORD

State: CT

**Zip Code: 06120** 

Phone: **860-994-9087** 

Email: SANIKEWHYTE@GMAIL.COM

#### **Applicant**

Owner" Own

Owner"

Name of Applicant:

File Date:

Address:	Street:
	City:
	State:
	Zip Code:
Phone:	
Email:	

## **Primary Point of Contact**

Name:	SANIKE WHYTE
Phone:	860-994-9087
Email:	SANIKEWHYTE@GMAIL.COM
Describe your application action(s) and provide as much detail as possible.	MY PLAN IS TO REPAIR THE FRONT STEP, PUTTING IT BACK IN ITS ORIGINAL FORM, REPAIR BACK STEPS.  REPAIR AND PAINT CERTAIN AREAS OF SOFFITS THAT WAS DAMAGE BY SQUIRRELS AND RACOONS REPLACE DOWN SPOUT GUTTER, AND REPLACE A WINDOW ON THE EYE OF THE ROOF.
Proposed work:	Repairs
Current materials being repaired/replaced:	Concrete, SLATE, PRESSURE TREATED WOOD
Materials/products being used in work:	CONCRETE, SLATE, PRESSURED TREATED WOOD
Please upload all supporting materials and photographs below.	2022-10-31 09-40.pdf

### Signatures

Signature of Applicant:

Link to signature

Name of Applicant:	SANIKE WHYTE
Date:	10/31/22
	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:	10/31/22











































