

**PLANNING AND ZONING COMMISSION  
TOWN OF BROOKLYN  
CONNECTICUT**

Received Date \_\_\_\_\_  
Action Date \_\_\_\_\_

Application #SPR \_\_\_\_\_  
Check# \_\_\_\_\_

**APPLICATION FOR SITE PLAN REVIEW**

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Engineer/Surveyor \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property location/address \_\_\_\_\_  
Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone \_\_\_\_\_ Total Acres \_\_\_\_\_

Proposed Activity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change of Use: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Previous Use \_\_\_\_\_  
Area of Proposed Structure(s) or Expansion \_\_\_\_\_

Utilities - Septic: On Site \_\_\_\_\_ Municipal \_\_\_\_\_ Existing \_\_\_\_\_ Proposed \_\_\_\_\_  
Water: Private \_\_\_\_\_ Public \_\_\_\_\_ Existing \_\_\_\_\_ Proposed \_\_\_\_\_

Compliance with Article 4, Site Plan Requirements

The following shall accompany the application when required:

**Fee\$** \_\_\_\_\_ **State Fee (\$60.00)** \_\_\_\_\_ 3 copies of plans \_\_\_\_\_ Sanitary Report \_\_\_\_\_  
4.5.5 Application/ Report of Decision from the Inland Wetlands Commission  
4.5.5 Applications filed with other Agencies  
12.1 Erosion and Sediment Control Plans  
See also Site Plan Review Worksheet

Variances obtained \_\_\_\_\_ Date \_\_\_\_\_

The owner and applicant hereby grant the Brooklyn Planning and Zoning Commission, the Board of Selectman, Authorized Agents of the Planning and Zoning Commission or Board of Selectman, permission to enter the property to which the application is requested for the purpose of inspection and enforcement of the Zoning regulations and the Subdivision regulations of the Town of Brooklyn

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Owner: \_\_\_\_\_ Date \_\_\_\_\_

\* Note: Any consulting fees will be paid by the applicant