

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

Received Date _____

Application # SD _____

Check # _____

APPLICATION FOR SUBDIVISION/RESUBDIVISION

Name of Applicant _____ Phone _____

Mailing Address _____

Applicants Interest in the Property _____

Property Owner _____ Phone _____

Mailing Address _____

Name of Engineer/Surveyor _____

Address _____

Contact Person _____ Phone _____ Fax _____

Name of Attorney _____

Address _____

Phone _____ Fax _____

Subdivision _____ Re subdivision _____

Property location _____

Map # _____ Lot # _____ Zone _____ Total Acres _____ Acres to be Divided _____

Number of Proposed Lots _____ Length of New Road Proposed _____

Sewage Disposal: Private _____ Public _____

Note: Hydrological report required by Section 11.6.2

Length of new Sewer proposed: Sanitary _____ Storm _____

Water: Private _____ Public _____

Is parcel located within 500 feet of an adjoining Town? _____

The following shall accompany the application when required:

4.2.2 Fee \$ _____ State (\$60.00) _____ 4.2.3 Sanitary Report _____ 4.2.5, 3 copies of plans _____

4.2.4 Application/ Report of Decision from the Inland Wetlands Com. & the Conservation Com.

4.2.6 Erosion & Sediment Control Plans

4.2.7 Certificate of Public Convenience and Necessity

4.2.8 Applications filed with other Agencies

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:** All consulting fees shall be paid by the applicant