

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

Received Date _____

Application #SP _____

Check # _____

APPLICATION FOR SPECIAL PERMIT

Name of Applicant _____ Phone _____

Mailing Address _____ Phone _____

Name of Engineer/Surveyor _____

Address _____

Contact Person _____ Phone _____ Fax _____

Name of Attorney _____

Address _____

Phone _____ Fax _____

Property location/address _____

Map# _____ Lot# _____ Zone _____ Total Acres _____

Sewage Disposal: Private _____ Public _____ Existing _____ Proposed _____

Water: Private _____ Public _____ Existing _____ Proposed _____

Proposed Activity _____

Compliance with Article 4, Site Plan Requirements

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

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

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