



TOWN OF BROOKFIELD

ZONING SIGN APPLICATION

APPLICATION DATE:

PROPERTY I.D. #

APPLICANT/AGENT:

LANDOWNER OF RECORD:

Name: _____
Address: _____

Name: _____
Address: _____

Contact Name: _____
Phone #: _____

Contact Name: _____
Phone #: _____

SITE DATA:

Street Address: _____
Business Name: _____

Zoning District: _____
Permitted Use: _____
Is a Tenant Fit Up required? _____

SIGN SPECIFICATIONS:

Sign Type	Sign Height	Sign Width	Total Square Footage	Distance ground to sign bottom	Distance ground to sign top	Number of sides	Color of text	Color of background	Resurface Only YES/NO
Building									
Roadside									

SIGN SETBACKS:

All footage distances from a sign to property lines and center of road, except building sign.

Center of Road		Rear Lot Line		Left Side Line		Right Side Line	
Actual		Actual		Actual		Actual	
Required		Required		Required		Required	

LIGHTING METHODS:

Back-Lit Wattage	Stanchion Wattage	Ground Mount Wattage	Other describe Wattage	Other describe Wattage	None (check)

I represent that this information is current, accurate and complete and that all the work has been completed in accordance with ordinances, regulations, building and health codes. I agree that any information that is determined to be false, or misleading will be subject to fines and penalties set by regulation, code or statute.

Signature: _____

OR
Signature: _____

I certify that I am the designated agent for this project:

Property Owner

rev 6/10

Include with application:
2 Pictures of each sign
Site Plan showing location of signs

BUILDING SIGN: Describe how sign will be attached to building:

ROADSIDE SIGN: Footing Details:

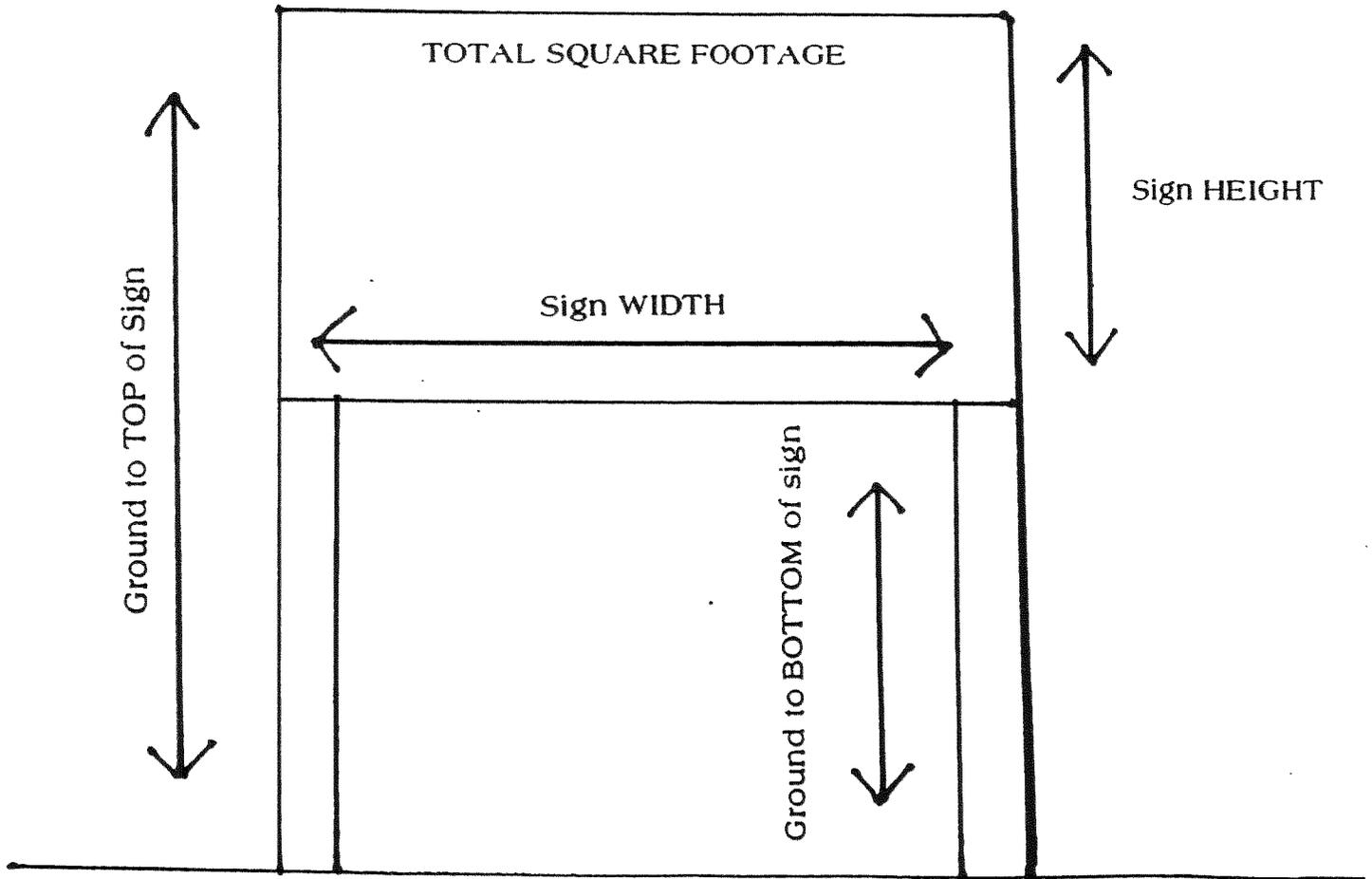
LIGHTED SIGN: Electrician information:

Contractor Name:		Phone:
Contractor Address:		
Contractor License #:		Exp. Date:

Certificate of Insurance Required

SIGN APPROVAL – BUILDING

Building Official Approval: _____ **Date:** _____



Building Permit # _____

Activity #: _____

**TOWN OF BROOKFIELD
DEPARTMENT APPROVAL CHECKLIST**

Property UID# _____

Property Address: _____

Project Description: _____

Applicant: _____ Phone #: _____

Owner of Record: _____ Phone #: _____

Subdivision Name: _____ Developer's Lot # _____

The applicant is responsible for obtaining all required signatures

Department	Approved By:	Date	Comments/Stipulations
1. Tax Collector			
2. Historic District 775-2538			
3. Candlewood Shores 775-1172			
4. Public Works Dept.			
5. Inland Wetlands			
6. Zoning			
7. Health Department			
8. WPCA			
9. Fire Marshal			Read & Sign Review Sheet
10. Building Dept.			

FINAL APPROVALS

1. Historic District 775-2538			
2. Inland Wetlands			
3. Zoning Compliance Certificate			
4. Health Dept			
5. WPCA			
6. Fire Marshal Final Inspection			

** The Building Dept., will schedule a final inspection after receipt of this completed checklist and a request for a final inspection. **

7. Building Dept.** Final Inspection			
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STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors
(Conn. Gen. Stat. §31-286b)

Property located at _____

In the town of _____

Name of building permit applicant: _____

Please check one:

1. I am the owner of the above property.
2. I am the sole proprietor of a business.

2A. Name of business _____

2B. Federal Employer Identification Number (FEIN) _____

.....
Pursuant to §31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

Please check me:

1. I do not intend to act as a general contractor or principal employer.
[Sign and stop here]

Signature of applicant

2. I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....
Affidavit

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 200__.

(Notary Public/ Commissioner of the Superior Court)