

Permit Fees: \$ \_\_\_\_\_ + State Fee: \_\_\_\_\_ + C.O. Fee: \_\_\_\_\_ = Total Fee: \$ \_\_\_\_\_

<u>Tax Collector</u>
_____ Approved _____ Denied
_____ Date:

PERMIT #: \_\_\_\_\_  
*This Item For Office Use*

**Town of Brookfield**  
**PERMIT APPLICATION**  
**FENCE/RETAINING WALL ONLY**

APPLICATION DATE: \_\_\_\_\_ PROPERTY ID#: \_\_\_\_\_

Property Street Address:			Zoning District:
Property Owner Name:			Phone:
Applicant Name:			Phone:
Lot Size in Acres:	Lot Size in Square feet: <i>(multiply acres by 43,560):</i>		
Fence Dimensions:	<u>Length:</u>	<u>Height</u>	<u>Type of Fence:</u>

**Zoning Regulations:**

- A site plan sketch is required with this application for fences over six feet (6') in height for approval to document that the fence will be located within the boundaries of the subject lot.
- If a fence has a "finished" side, this side must face to the exterior of the lot.
- Fences constructed in such a manner as to inhibit visibility through the fence (i.e. Lattice, slats, panels, boards, etc.) shall not exceed eight feet (8') in height. All other fences shall not exceed twelve feet (12') in height.

**REQUIRED DOCUMENTATION:** A PLOT PLAN To Scale, minimum 8 ½" X 11" sheet, including lot outline & dimensions, proposed fence location(s)

**Additional Information:** \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Value of Work: \$ \_\_\_\_\_

I hereby certify that I am the owner of record of the above named property, or that the proposed work is authorized by the owner and that I have been authorized to make this application as the designated agent and I agree to conform to all applicable laws of this jurisdiction, which include but are not limited to: Wetlands, Zoning, Health & Building. In addition, if a permit for work is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature: Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_ Signature: Contractor \_\_\_\_\_ Date \_\_\_\_\_

Authorized Witness \_\_\_\_\_ 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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**Town of Brookfield  
Land Use Office  
100 Pocono Rd.  
Brookfield, CT 06804**

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**ATTENTION PERMIT HOLDER**

**\*\*It is the responsibility of the permit holder or agent to call for inspections (minimum 24 hours in advance). The permit holder is responsible for all construction for that project. An oversight of code requirement(s) during plan review does not relieve you of your responsibility for compliance. During inspections, you may be required to make changes to insure that the current building & fire codes are satisfied.\*\***

- **Per Chapter 127 of the Brookfield Code of Ordinances:**

**Building Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to the issuance of a Certificate of Occupancy.

- **Per Chapter 242 of the Brookfield Code of Ordinances:**

**Site Stabilization Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to bond release.

***I acknowledge that per the Brookfield Code of Ordinances, I will be responsible for reinspection fees as outlined above. I also understand that it is my responsibility to call for inspections of the project.***

\_\_\_\_\_  
*Applicant/Agent signature*

\_\_\_\_\_  
*Date*

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 one:**

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)