

COMMERCIAL
NEW CONSTRUCTION
ADDITIONS

Town of Brookfield

Procedure for Obtaining a Building Permit

****PLEASE READ CAREFULLY****

Failure to comply with these requirements will delay the review of your application.

The Permit Application documents must be completed in ink or typed. The following is a list of the documents and information that must be submitted in order to process your application. The Land Use Office staff will ensure that the materials are distributed to each of the Land Use departments for review.

Commercial New Construction/Addition Document Checklist

- Tax Collector Sign-off
- Copy of Design Review approval or Site Plan Modification approval from Zoning Commission
- Re-inspection fee acknowledgement
- Worker's compensation affidavit
- Letter of Authorization
- Combustion Air Calculation, if necessary
- Letter of Substantial Design Compliance, if necessary
- Statement of Special Inspections, if necessary
- Permitted Commercial Use Application for CZC
- Completed Building Permit Application
- Water Pollution Control Authority review form
- Fire Marshal plan review sheet
- Contractor's license and proof of insurance, if applicable
- 4 copies of approved Site Plan including handicapped accessibility and parking
- 4 Sets of signed and sealed Building Plans including complete mechanical, plumbing, electrical, architectural & structural plans
- COM Check, if necessary
- Structural calculations or other substantiation of structural performance, if necessary
- Interior finish ratings
- Fire Protection system information and plans, if necessary
- Fire Tank Approval letter from Water Source Committee, if necessary
- Copy of Inland Wetland permit approval, if necessary
- Fees (includes Building fees, Certificate of Zoning Compliance fee, Health Plan review fee, Certificate of Occupancy fee)

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 COMMERCIAL USE APPLICATION FOR PRELIMINARY ZONING APPROVAL

ACTIVITY # _____ PROPERTY I.D. # _____

APPLICANT/AGENT:

LANDOWNER OF RECORD:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Contact Name: _____	Contact Name: _____
Phone: _____	Phone: _____
Cell Phone/E-Mail: _____	Cell Phone/E-mail: _____

SITE DATA:

Street Address: _____

Zoning District: _____

Unit I.D. #: _____

Business Name: _____

Permitted Use Classification: _____

Flood Plain Designation: _____

<u>DESCRIPTION OF BUSINESS:</u>	

USE DATA:

No. of Employees: _____

Total Building Square Footage: _____

Unit Area Occupied Square Footage: _____

Total number of parking spaces for building: _____

Total number of parking spaces assigned to this business: _____

Are hazardous materials employed? _____

If so, fill out HAZMAT questionnaire.

<u>Comments:</u>	

I represent that this information is current, accurate and complete and that the work will be completed in accordance with the regulations. I certify that I am the designated agent for this project.

Signature: _____ Signature: _____

Applicant Property Owner

**Town of Brookfield
Land Use Office
100 Pocono Rd.
Brookfield, CT 06804**

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)

Letter of Authorization

To the Town of Brookfield:

I hereby declare the following:

1) That I am the owner of the premises described as follows:

Street Address	City	State	Zone
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2) That I, _____, as property owner will act as general contractor.

OR

That _____ is duly authorized for and on behalf of the owner to execute an application for building permits to enable him/her to obtain permits to complete construction of the following work:

3) That _____ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

Date: _____

Owner: _____

Print Name	Signature
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TO CONTRACTORS:

CT. General Statutes (effective January 1, 2005):

§20-338b Building permit applications. Who may sign.

Any licensed contractor who seeks to obtain a permit from a building official may sign the building permit application personally or delegate the signing of the building permit application to an employee, subcontractor or other agent of the licensed contractor, provided, the licensed contractor's employee, subcontractor or other agent submits to the building official a dated letter on the licensed contractor's letterhead, signed by the licensed contractor, stating that the bearer of the letter is authorized to sign the building permit application as the agent of the licensed contractor. The letter shall not be a copy or facsimile, but shall be an original letter bearing the original signature of the licensed contractor. The letter shall also include:

1. The name of the municipality where the work is to be performed;
2. The job name or a description of the job;
3. The starting date of the job;
4. The name of the licensed contractor;
5. The name of the licensed contractor's agent; and
6. The license numbers of all contractors to be involved in the work.

TOWN OF BROOKFIELD



CERTIFICATE OF SUBSTANTIAL COMPLIANCE

Property Owner: _____ Building Permit #: _____
Site Address: _____ Use Group: _____

General Contractor's Name: _____
Address: _____

THIS IS TO CERTIFY THAT to the best of my knowledge and belief, the above-described project has been designed in substantial compliance with the requirements of the State of Connecticut Basic Building Code and other applicable codes as required by Public Act 85-195. Minor deficiencies and approved variances are indicated below:

Architect of Record: _____ Registration Number: _____
Engineer of Record: _____ Registration Number: _____

THIS IS TO CERTIFY THAT to the best of my knowledge and belief, the above-described project was built in accordance with the plans and specifications and approved change orders. Minor deviations are noted and listed below:

General Contractor _____ Date _____

Authorized Agent _____ Date _____
Title _____ Date _____

Received by
BROOKFIELD BUILDING DEPARTMENT

Date

Schedule of Inspection and Testing Agencies

This Statement of Special Inspections / Quality Assurance Plan includes the following building systems:

- | | |
|--|--|
| <input type="checkbox"/> Soils and Foundations | <input type="checkbox"/> Spray Fire Resistant Material |
| <input type="checkbox"/> Cast-in-Place Concrete | <input type="checkbox"/> Wood Construction |
| <input type="checkbox"/> Precast Concrete | <input type="checkbox"/> Exterior Insulation and Finish System |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Mechanical & Electrical Systems |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Architectural Systems |
| <input type="checkbox"/> Cold-Formed Steel Framing | <input type="checkbox"/> Special Cases |

Special Inspection Agencies	Firm	Address, Telephone, e-mail
1. Special Inspection Coordinator		
2. Inspector		
3. Inspector		
4. Testing Agency		
5. Testing Agency		
6. Other		

Note: The inspectors and testing agencies shall be engaged by the Owner or the Owner's Agent, and not by the Contractor or Subcontractor whose work is to be inspected or tested. Any conflict of interest must be disclosed to the Building Official, prior to commencing work.

Quality Assurance Plan

Quality Assurance for Seismic Resistance

Seismic Design Category

Quality Assurance Plan Required (Y/N)

Description of seismic force resisting system and designated seismic systems:

Quality Assurance for Wind Requirements

Basic Wind Speed (3 second gust)

Wind Exposure Category

Quality Assurance Plan Required (Y/N)

Description of wind force resisting system and designated wind resisting components:

Statement of Responsibility

Each contractor responsible for the construction or fabrication of a system or component designated above must submit a Statement of Responsibility.

Qualifications of Inspectors and Testing Technicians

The qualifications of all personnel performing Special Inspection and testing activities are subject to the approval of the Building Official. The credentials of all Inspectors and testing technicians shall be provided if requested.

Key for Minimum Qualifications of Inspection Agents:

When the Registered Design Professional in Responsible Charge deems it appropriate that the individual performing a stipulated test or inspection have a specific certification or license as indicated below, such designation shall appear below the *Agency Number* on the Schedule.

PE/SE	Structural Engineer – a licensed SE or PE specializing in the design of building structures
PE/GE	Geotechnical Engineer – a licensed PE specializing in soil mechanics and foundations
EIT	Engineer-In-Training – a graduate engineer who has passed the Fundamentals of Engineering examination

American Concrete Institute (ACI) Certification

ACI-CFTT	Concrete Field Testing Technician – Grade 1
ACI-CCI	Concrete Construction Inspector
ACI-LTT	Laboratory Testing Technician – Grade 1&2
ACI-STT	Strength Testing Technician

American Welding Society (AWS) Certification

AWS-CWI	Certified Welding Inspector
AWS/AISC-SSI	Certified Structural Steel Inspector

American Society of Non-Destructive Testing (ASNT) Certification

ASNT	Non-Destructive Testing Technician – Level II or III.
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International Code Council (ICC) Certification

ICC-SMSI	Structural Masonry Special Inspector
ICC-SWSI	Structural Steel and Welding Special Inspector
ICC-SFSI	Spray-Applied Fireproofing Special Inspector
ICC-PCSI	Prestressed Concrete Special Inspector
ICC-RCSI	Reinforced Concrete Special Inspector

National Institute for Certification in Engineering Technologies (NICET)

NICET-CT	Concrete Technician – Levels I, II, III & IV
NICET-ST	Soils Technician - Levels I, II, III & IV
NICET-GET	Geotechnical Engineering Technician - Levels I, II, III & IV

Exterior Design Institute (EDI) Certification

EDI-EIFS	EIFS Third Party Inspector
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Other

Item	Agency # (Qualif.)	Scope
1. Shallow Foundations	PE/GE	<p><i>Inspect soils below footings for adequate bearing capacity and consistency with geotechnical report.</i></p> <p><i>Inspect removal of unsuitable material and preparation of subgrade prior to placement of controlled fill</i></p>
2. Controlled Structural Fill	PE/GE	<p><i>Perform sieve tests (ASTM D422 & D1140) and modified Proctor tests (ASTM D1557) of each source of fill material.</i></p> <p><i>Inspect placement, lift thickness and compaction of controlled fill.</i></p> <p><i>Test density of each lift of fill by nuclear methods (ASTM D2922)</i></p> <p><i>Verify extent and slope of fill placement.</i></p>
3. Deep Foundations	PE/GE	<p><i>Inspect and log pile driving operations. Record pile driving resistance and verify compliance with driving criteria.</i></p> <p><i>Inspect piles for damage from driving and plumbness.</i></p> <p><i>Verify pile size, length and accessories.</i></p> <p><i>Inspect installation of drilled pier foundations. Verify pier diameter, bell diameter, lengths, embedment into bedrock and suitability of end bearing strata.</i></p>
4. Load Testing		
4. Other:		

Item	Agency # (Qualif.)	Scope
1. Mix Design	ACI-CCI ICC-RCSI	<i>Review concrete batch tickets and verify compliance with approved mix design. Verify that water added at the site does not exceed that allowed by the mix design.</i>
2. Material Certification		
3. Reinforcement Installation	ACI-CCI ICC-RCSI	<i>Inspect size, spacing, cover, positioning and grade of reinforcing steel. Verify that reinforcing bars are free of form oil or other deleterious materials. Inspect bar laps and mechanical splices. Verify that bars are adequately tied and supported on chairs or bolsters</i>
4. Post-Tensioning Operations	ICC-PCSI	<i>Inspect placement, stressing, grouting and protection of post-tensioning tendons. Verify that tendons are correctly positioned, supported, tied and wrapped. Record tendon elongations.</i>
5. Welding of Reinforcing	AWS-CWI	<i>Visually inspect all reinforcing steel welds. Verify weldability of reinforcing steel. Inspect preheating of steel when required.</i>
6. Anchor Rods		<i>Inspect size, positioning and embedment of anchor rods. Inspect concrete placement and consolidation around anchors.</i>
7. Concrete Placement	ACI-CCI ICC-RCSI	<i>Inspect placement of concrete. Verify that concrete conveyance and depositing avoids segregation or contamination. Verify that concrete is properly consolidated.</i>
8. Sampling and Testing of Concrete	ACI-CFTT ACI-STT	<i>Test concrete compressive strength (ASTM C31 & C39), slump (ASTM C143), air-content (ASTM C231 or C173) and temperature (ASTM C1064).</i>
9. Curing and Protection	ACI-CCI ICC-RCSI	<i>Inspect curing, cold weather protection and hot weather protection procedures.</i>
10. Other:		

Item	Agency # (Qualif.)	Scope
1. Plant Certification / Quality Control Procedures <input type="checkbox"/> Fabricator Exempt	ACI-CCI ICC-RCSI	<i>Review plant operations and quality control procedures.</i>
2. Mix Design	ACI-CCI ICC-RCSI	<i>Inspect concrete batching operations and verify compliance with approved mix design</i>
3. Material Certification		
4. Reinforcement Installation	ACI-CCI ICC-RCSI	<i>Inspect size, spacing, position and grade of reinforcing steel. Verify that reinforcing bars are free of form oil or other deleterious materials.</i>
5. Prestress Operations	ICC-PCSI	<i>Inspect placement, stressing, grouting and protection of prestressing tendons</i>
6. Connections / Embedded Items		
7. Formwork Geometry		
8. Concrete Placement	ACI-CCI ICC-RCSI	<i>Inspect placement of concrete. Verify that concrete conveyance and depositing avoids segregation or contamination. Verify that concrete is properly consolidated .</i>
9. Sampling and Testing of Concrete	ACI-CFTT ACI-STT	<i>Test concrete compressive strength (ASTM C31 & C39), slump (ASTM C143), air-content (ASTM C231 or C173) and temperature (ASTM C1064).</i>
10. Curing and Protection	ACI-CCI ICC-RCSI	<i>Inspect curing, cold weather protection and hot weather protection procedures.</i>
11. Erected Precast Elements	PE/SE	<i>Inspect erection of precast concrete including member configuration, connections, welding and grouting.</i>
12. Other:		

Item	Agency # (Qualif.)	Scope
1. Material Certification		
2. Mixing of Mortar and Grout	ICC-SMSI	<i>Inspect proportioning, mixing and retempering of mortar and grout.</i>
3. Installation of Masonry	ICC-SMSI	<i>Inspect size, layout, bonding and placement of masonry units.</i>
4. Mortar Joints	ICC-SMSI	<i>Inspect construction of mortar joints including tooling and filling of head joints.</i>
5. Reinforcement Installation	ICC-SMSI AWS-CWI	<i>Inspect placement, positioning and lapping of reinforcing steel. Inspect welding of reinforcing steel.</i>
6. Prestressed Masonry	ICC-SMSI	<i>Inspect placement, anchorage and stressing of prestressing bars.</i>
7. Grouting Operations	ICC-SMSI	<i>Inspect placement and consolidation of grout. Inspect masonry clean-outs for high-lift grouting.</i>
7. Weather Protection	ICC-SMSI	<i>Inspect cold weather protection and hot weather protection procedures. Verify that wall cavities are protected against precipitation.</i>
9. Evaluation of Masonry Strength	ICC-SMSI	<i>Test compressive strength of mortar and grout cube samples (ASTM C780). Test compressive strength of masonry prisms (ASTM C1314).</i>
10. Anchors and Ties	ICC-SMSI	<i>Inspect size, location, spacing and embedment of dowels, anchors and ties.</i>
11. Other:		

Item	Agency # (Qualif.)	Scope
1. Fabricator Certification/ Quality Control Procedures <input type="checkbox"/> Fabricator Exempt	AWS/AISC- SSI ICC-SWSI	<i>Review shop fabrication and quality control procedures.</i>
2. Material Certification	AWS/AISC- SSI ICC-SWSI	<i>Review certified mill test reports and identification markings on wide-flange shapes, high-strength bolts, nuts and welding electrodes</i>
3. Open Web Steel Joists		<i>Inspect installation, field welding and bridging of joists.</i>
4. Bolting	AWS/AISC- SSI ICC-SWSI	<i>Inspect installation and tightening of high-strength bolts. Verify that splines have separated from tension control bolts. Verify proper tightening sequence. Continuous inspection of bolts in slip-critical connections.</i>
5. Welding	AWS-CWI ASNT	<i>Visually inspect all welds. Inspect pre-heat, post-heat and surface preparation between passes. Verify size and length of fillet welds.</i> <i>Ultrasonic testing of all full-penetration welds.</i>
6. Shear Connectors	AWS/AISC- SSI ICC-SWSI	<i>Inspect size, number, positioning and welding of shear connectors. Inspect studs for full 360 degree flash. Ring test all shear connectors with a 3 lb hammer. Bend test all questionable studs to 15 degrees.</i>
7. Structural Details	PE/SE	<i>Inspect steel frame for compliance with structural drawings, including bracing, member configuration and connection details.</i>
8. Metal Deck	AWS-CWI	<i>Inspect welding and side-lap fastening of metal roof and floor deck.</i>
9. Other:		

Cold-Formed Steel Framing

Item	Agency # (Qualif.)	Scope
1. Member Sizes		
2. Material Thickness		
3. Material Properties		
4. Mechanical Connections		
5. Welding		
6. Framing Details		
7. Trusses		
8. Permanent Truss Bracing		
9. Other:		

Item	Agency # (Qualif.)	Scope
1. Material Specifications		
2. Laboratory Tested Fire Resistance Design	ICC-SFSI	<i>Review UL fire resistive design for each rated beam, column, or assembly.</i>
3. Schedule of Thickness	ICC-SFSI	<i>Review approved thickness schedule.</i>
4. Surface Preparation	ICC-SFSI	<i>Inspect surface preparation of steel prior to application of fireproofing</i>
5. Application	ICC-SFSI	<i>Inspect application of fireproofing.</i>
6. Curing and Ambient Condition	ICC-SFSI	<i>Verify ambient air temperature and ventilation is suitable for application and curing of fireproofing.</i>
7. Thickness	ICC-SFSI	<i>Test thickness of fireproofing (ASTM E605). Perform a set of thickness measurements for every 1,000 SF of floor and roof assemblies and on not less than 25% of rated beams and columns.</i>
8. Density	ICC-SFSI	<i>Test the density of fireproofing material (ASTM E605).</i>
9. Bond Strength	ICC-SFSI	<i>Test the cohesive/adhesive bond strength of fireproofing ASTM E736). Perform not less than one test for each 10,000 SF.</i>
10. Other:		

Item	Agency # (Qualif.)	Scope
1. Fabricator Certification/ Quality Control Procedures <input type="checkbox"/> Fabricator Exempt		<i>Inspect shop fabrication and quality control procedures for wood truss plant.</i>
2. Material Grading		
3. Connections		
4. Framing and Details		
5. Diaphragms and Shearwalls		<i>Inspect size, configuration, blocking and fastening of shearwalls and diaphragms. Verify panel grade and thickness.</i>
6. Prefabricated Wood Trusses		<i>Inspect the fabrication of wood trusses.</i>
7. Permanent Truss Bracing		
8. Other:		

Item	Agency # (Qualif.)	Scope
1. Material Submittals		
2. Condition of Substrate		
3. Application of Foam Plastic Board		
4. Application of Coatings		
5. Application of Mesh		
6. Ambient Condition and Curing		
7. Flashing and Joint Details		
8. Sealants/Caulks		
9. Other:		

Item	Agency # (Qualif.)	Scope
1. Smoke Control		
2. Mechanical, HVAC & Piping		
3. Electrical System		
4. Other:		

Item	Agency # (Qualif.)	Scope
1. Wall Panels & Veneers		
2. Suspended Ceilings		
3. Access Floors		
4. Other:		

Special Cases

Item	Agency # (Qualif.)	Scope

Instructions – Preparation of the Statement of Special Inspections

1. Who Prepares the Form:
The program of inspection and testing for a project should be prepared by the Registered Design Professional (RDP) that is in responsible charge of the building system requiring inspections and testing. The Structural Engineer of Record (SER) should prepare the sections required for the structural elements such as foundations, concrete, structural steel, etc. The Architect and MEP Engineer of Record should prepare the corresponding sections of the SSI for the building systems that they are responsible for. For further explanation, please refer to the "Guide to Special Inspections and Quality Assurance".
2. The Front Page:
 - 2-1. At the top of the page indicate the project name and location as they appear on the Contract Documents, provide the Owner's name (individual, private company, municipality, government agency, etc.), and indicate the Design Professional In Responsible Charge. This should be the RDP in responsible charge of the building systems for which this Statement of Special Inspections is being prepared. See explanation in item 1 above.
 - 2-2. Next, read the first paragraph and check the box below indicating the discipline(s) that this SSI will encompass (Structural, Architectural, Mechanical/Electrical/Plumbing, or Other).
 - 2-3. After reading the remaining paragraphs, the RDP must indicate the frequency of "Interim Reports" required from the Special Inspection Coordinator for the project. This can be indicated directly on the page, i.e. "weekly", or the adjacent box can be checked to attach a more specific schedule.
 - 2-4. Near the bottom of the page, the RDP must print, sign, and date the form, and stamp the form with their professional seal in the box provided.
 - 2-5. The Owner or Owner's agent must sign and date the front page after the SSI has been completed by the RDP.
 - 2-6. The Building Official must sign and date the form upon acceptance.
3. Page 2 – Schedule of Inspection and Testing Agencies:
 - 3-1. The top of the page lists all of the categories of building systems with a box next to each. The RDP must check the boxes for only the building systems that are going to be covered in this SSI. A completed inspection program page must be attached for each building system that is checked off. (See instruction #5 below.)
 - 3-2. The chart below is where the members of the Special Inspection Program are listed. Their names, addresses, telephone numbers, and emails should be filled out in the appropriate boxes. If the Inspectors and Testing Agencies have not been determined yet, the RDP can fill in the boxes with "To Be Determined".
4. Page 3 – Quality Assurance Plan:
 - 4-1. The RDP must review sections 1705 and 1706 in Chapter 17 of the IBC to determine if the project requires a Quality Assurance Plan for the seismic force and wind force resisting systems and components.
 - 4-2. The RDP must indicate whether or not a Quality Assurance Plan is required by filling in the information requested on the page. It is only necessary to provide descriptions

of the seismic and wind force resisting systems if it is determined that a Quality Assurance Plan is required.

5. Inspection Program Pages For Each Building System:

- 5-1. There is a page attached for each building system where the RDP identifies the inspection requirements of each system. Fill out the pages for only the building systems included in this SSI. Do not include blank pages for building systems not covered under this SSI.
- 5-2. Indicate the inspection or testing firm (Agency #) that will perform each inspection task. The Agency # is the number listed next to the Inspector or Testing Laboratory on the chart on page 2 of the SSI.
- 5-3. Indicate the required qualifications of the Inspector for each inspection. A list of qualifications of Inspectors and testing technicians is provided on page 4 of the SSI for reference. The RDP may require additional qualifications beyond the ones listed if they feel it is appropriate. Suggested qualifications have been included for consideration. The RDP must determine what qualifications are appropriate for the particular project and confirm that the selected agency employs individuals with the specified qualifications.
- 5-4. The scope of each inspection must be filled in by the RDP. The editable text provided in italics reflects the code mandated minimum inspection requirements designated in section 1704 of IBC Chapter 17. The editable text does not include the inspections requirements for seismic and wind resisting systems listed in sections 1705 through 1708. The RDP must determine if the project falls under the requirements of sections 1705 to 1708 and add the required inspections to the building systems. The final scope of the inspections required for the project must be determined by the RDP.
- 5-5. Descriptions of all inspections must include the required frequency of each inspection or test.

Final Report of Special Inspections

Project:

Location:

Owner:

Owner's Address:

Architect of Record:

Structural Engineer of Record:

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved other than the following:

Comments:

(Attach continuation sheets if required to complete the description of corrections.)

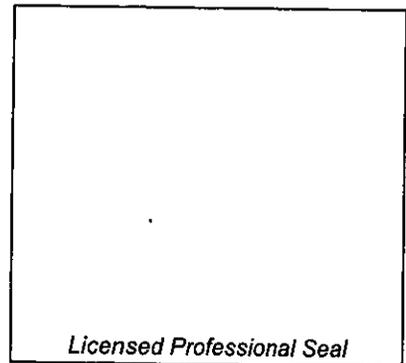
Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Special Inspector

(Type or print name)

Signature

Date



Final Report of Special Inspections

Agent's Final Report

Project:

Agent:

Special Inspector:

To the best of my information, knowledge and belief, the Special Inspections or testing required for this project, and designated for this Agent in the *Statement of Special Inspections* submitted for permit, have been performed and all discovered discrepancies have been reported and resolved other than the following:

Comments:

(Attach continuation sheets if required to complete the description of corrections.)

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Agent of the Special Inspector

(Type or print name)

Signature

Date

Licensed Professional Seal or
Certification

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

TAX COLLECTOR

_____ Approved _____ Denied

_____ Date _____

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)		

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application 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 OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:	
Plan Number	ASSEMBLY <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5)		INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15)
IMPROVEMENT TYPE: <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)		<input type="checkbox"/> BUSINESS (6)	RESIDENTIAL <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21)
EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)		FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)	<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Structural (check that applicable) Frame <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)	Exterior (Check those applicable) Walls <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)
---	--

Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start ____/____/____	Est. Finish ____/____/____	Building Est. Value \$

6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS	Number of Circuits: 2 WIRE 3 WIRE 4 WIRE	Number of Service Outlets: 110V 220V			
POWER DEVICES	No.	OUTPUT/LOAD	POWER DEVICES	No.	OUTPUT/LOAD
1		7			
2		8			
3		9			
4		10			
5					
3					
Utility Service Revisions:			Total Number of Motors		

Est. Start ____/____/____	Est. Finish ____/____/____	Electrical Work Est. Value \$
------------------------------	-------------------------------	-------------------------------

7. PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size _____ IN.		Water Meter Size _____ IN.		Avg. Daily Water Use _____ GPD	
Utility Service Revisions:					
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Plumbing Work Est. Value \$	

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement Units

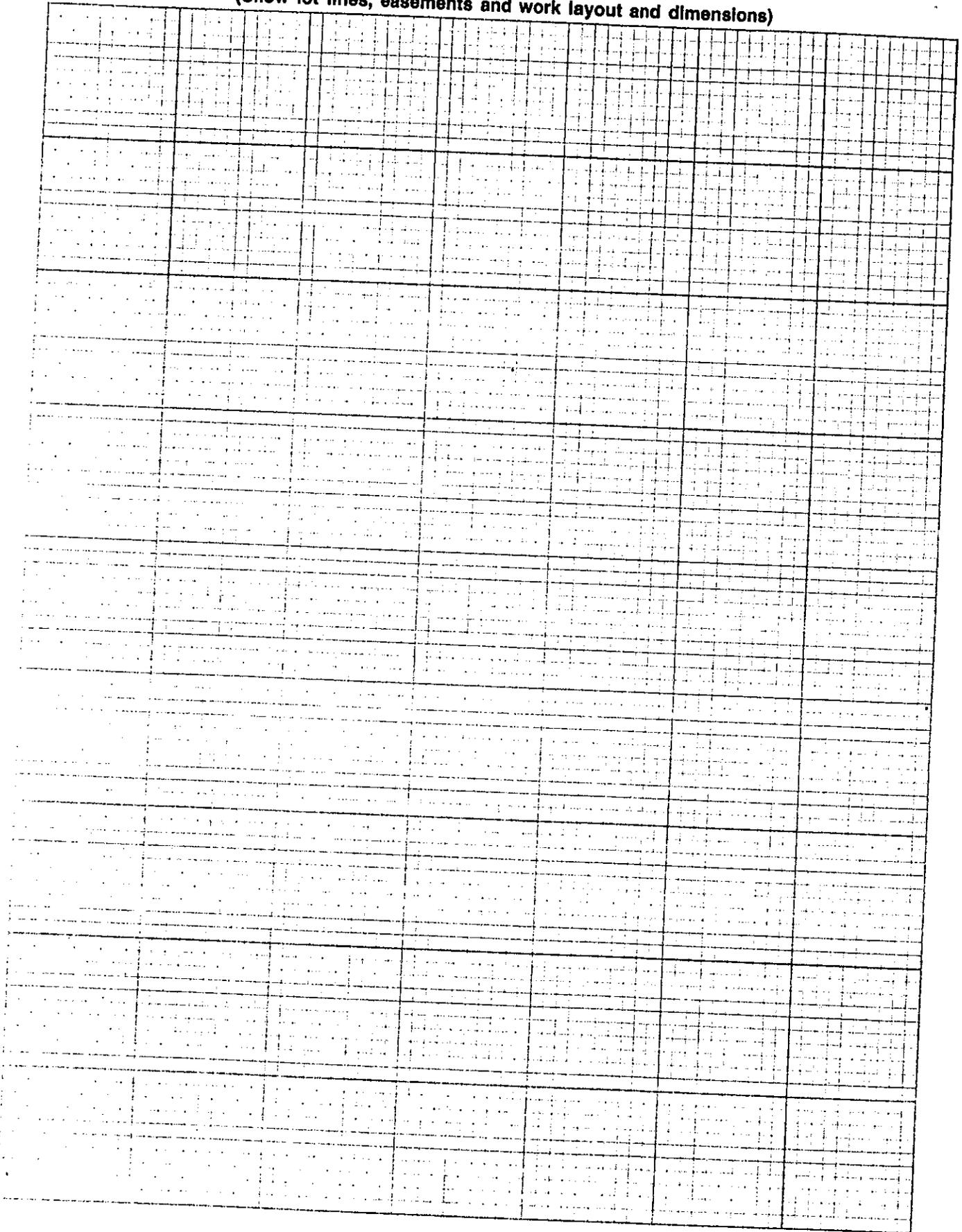
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)					
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Est. Value \$

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /
 By: _____
 Application Reviewed: / /
 By: _____
 Data Entry: / /
 By: _____

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____
 FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____
 LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____
 LOT AREA PER ROOM _____ ENCROACHMENTS _____
 OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____
 LOADING SPACE _____
 SIGNS; NUMBER _____ SIZE OF EACH SIGN _____
 PLANNING COMMISSION APPROVAL REQUIRED _____
 BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$					

TO BE ENTERED ON PART 18

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drawngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
TOTAL FEES			

Prepared By: _____ Date _____

Approved By: _____ Title _____

Address: _____ Permit No. _____

**Town of Brookfield Building Department
Calculations for Combustion Air**

This form must be filled out for all of the following Permits:

1. All new homes
2. All finished basements
3. All boiler, furnace, and water heater replacements

What is the total combined gross btu ratings of all appliances located in the boiler room or rooms?

What is the volume of this room? (length x width x height) _____

Does the volume equal more than 50 cu. ft. for each 1,000 btu's of combined appliance ratings?

If it does, combustion air is not required.

If it is less than 50 cubic feet for each 1,000 btu's of combining rating, combustion air is required.

How will compliance with combustion air be achieved? Check one below.

- a.) interior air _____
for interior air, what is the volume of the room the air is being taken from _____
- b.) air directly from the exterior of the building thru screened openings _____
- c.) air directly from the outside thru horizontal ducts _____

What is the calculated size of each opening? _____

Where will each opening be located? _____

Copies of your calculations must be submitted to the Building Official

I attest that I have done the above required calculations based on Chapter 17 of the 2003 IRC Mechanical Code or Chapter 7 of the 2003 IMC

Signed _____

Printed Name _____

Company _____

What is the total gross btu ratings for all fuel burning appliances?

Example:	2 furnaces at 100,000 btu's =	200,000 btu's
	1 water heater at 85,000 btu's =	85,000 btu's
Total		285,000 btu's

How many cubic feet are contained in the room that the appliances are located?

Example:

The room is 40 feet long by 28 feet wide by 7 foot 6 inches high.
This equals 8,400 cubic feet.

The code requires a room to be 50 cubic feet for each 1,000 btu's of appliances.
So, in the above illustration, we have 285,000 btu's, so we would need 50×285 or 14,250 cubic feet.
So, for the above example, the room the boiler is in would be defined as a confined space, so we would need to introduce Combustion air.

Where we get the air for combustion will determine what size openings are required.

If we are getting the air from an interior space we will need 1 square inch for each 1,000 btu's of combined rating. For the above example, we will need each opening to be 285 square inches. One opening within 12 inches of the ceiling and one opening within 12 inches of the floor.

If we are getting air directly from the outside through louvers, we will need 1 square inch for each 4000 btu's. This will require 72 square inches but the code has set 100 square inches as the minimum size opening for combustion air. So, we will require 2 openings 100 square inches each located as above.

If we are getting air from the outside through horizontal ducts, we will require 1 square inch for each 2000 btu's. So, for the above example, we will require 2 openings, each opening to be 285 divided by 2 = 143 square inches located as above.

Remember, if an interior source is being used, the space we are getting the air from must meet the 50 cubic feet for each 1000 btu's rule also. The size of the boiler room can be combined with the size of the room that the air is being taken from to achieve this volume. All calculations must be approved by the Building Official.

Section 710

Opening obstructions

Metal louvers free air is 75%.

Wooden louvers free air is 25%.

Effective 3/15/06

§242-301C

Add as follows:

Digital Map Submission

Prior to issuance of a final Certificate of Zoning Compliance, any "as-built" survey must be submitted in both paper & electronic format for all buildings constructed pursuant to a Design Review, Design Review Approval Modification involving building footprint changes, lot line changes, residential new construction or alterations with footprint changes within 10% of the minimum setbacks, and any activity permitted as a result of a variance granted by the Zoning Board of Appeals. The electronic format shall be for purposes of updating the Town's Geographic Information System (GIS) and shall meet the following criteria:

1. Drawings shall be on a compact disk (CD).
2. Electronics shall be in a format as prescribed by Town's GIS coordinator.

A certification letter stating that the electronic drawing is a copy of the survey map that was presented to the Zoning Enforcement Officer shall accompany electronic drawings. A land surveyor licensed by the State of Connecticut shall certify the letter.

ie:



BROOKFIELD WATER POLLUTION CONTROL AUTHORITY

100 Pocono Road, Brookfield, CT 06804 (203) 775-7319 Fax (203) 775-2614
Website: www.brookfieldwpca.com Email: office@brookfieldwpca.com

[] NEW CONSTRUCTION [] TENANT FIT-UP/CHANGE OF USE [] ADDITION/RENOVATION

BUSINESS NAME: _____

ADDRESS: _____ UNIT # _____

IS PROPERTY CONNECTED TO SEWER?

- [] YES
- [] NO (NO ACTION REQUIRED)
- [] UNSURE (CHECK WITH W.P.C.A. OFFICE)

TYPE OF OPERATION:

- | | |
|------------------------------------|-------------------------|
| [] FOOD PREPARATION/RESTAURANT | [] DOG GROOMING |
| [] FOOD SALES/GROCERY | [] HAZARDOUS CHEMICALS |
| [] PERSONAL CARE (HAIR/NAIL CARE) | [] MANUFACTURING |
| [] VEHICLE REPAIR | [] GYM/CLUB |
| [] SCHOOL/DAYCARE | |
| [] OTHER (PLEASE LIST) _____ | |

ESTIMATED WATER USE PER DAY IN GALLONS _____

OF EMPLOYEES, FULL TIME _____ PART TIME _____

OF MEMBERS/STUDENTS/CLIENTS (GYM/CLUB/SCHOOL/DAYCARE) _____

OF PEDICURE CHAIRS _____ # OF SINKS (HAIR SALON/DOG GROOMING) _____

HOURS OF OPERATION _____ TO _____ # OF DAYS PER WEEK _____

PREVIOUS TENANT OR BUSINESS _____

PRINTED NAME OF PROPERTY OWNER _____

PROPERTY OWNER'S SIGNATURE _____ DATE _____

CONTACT NAME _____ PHONE # _____

W.P.C.A. SIGN OFF: [] APPROVED [] DENIED [] OTHER

COMMENTS _____

W.P.C.A. SIGNATURE _____ DATE _____

Contacted by: _____ Date: _____ via: _____
 Contacted by: _____ Date: _____ via: _____
 Contacted by: _____ Date: _____ via: _____

**Town of Brookfield
Fire Marshal's Office**

Fire Marshal: Wayne Gravius

Assistant Fire Marshal: Gary Gramling

Phone: 203-775-7306 Fax: 203-740-7677

PLAN REVIEW INFORMATION

Application #: _____

Property ID#: _____

Address: _____

APPLICANT/AGENT :

Name: _____

Address: _____

Contact: _____

Phone #: _____

Builder: _____

Architect: _____

LAND OWNER OF RECORD:

Name: _____

Address: _____

Phone #: _____

Phone: _____

Phone: _____

This section for office use only:

Received Date: _____

Review Date: _____

Incomplete

Complete

Date Received Complete: _____

Plan review #: _____

Comments:

(OVER)

**Town of Brookfield
Fire Marshal's Office**

PROCEDURE FOR OBTAINING PERMITS

**Commercial, Industrial & Multiple Family Dwelling applications, and
Hotel/Motel Occupancies must be approved by
the Fire Marshal.**

Required Documents:

- 1. Completed Building Permit application
(including necessary Commission/Dept. approvals)**
- 2. 2 sets of Site Plans**
- 3. 2 sets of Building Plans**
- 4. Code Review of Occupancy –
A. International Fire Code
B. 2003 NFPA Life Safety 101
C. NFPA 1 Uniform Fire Code
D. All International Codes Adopted by State of CT**
- 5. ALL codes have State Amendments**

**If you have questions about these procedures, please make an
appointment with the Fire Marshal (203-775-7306).**

*** Please call the Fire Marshal's Office for all inspections ***

**** In accordance with the Open-Burning Law of the State of
Connecticut, there is to be NO BURNING of construction
material(s). A fine of \$100.00 will be imposed upon the property
owner if this law is violated. ****

TOWN OF BROOKFIELD

LIMITATION OF APPEALS ON CERTIFICATES OF ZONING COMPLIANCE

1. **Procedure:**

The following procedure is in accordance with changes to §8-3 of the CT General Statutes effective 10/1/03:

Should an applicant wish to *limit the time period of any appeal* by any aggrieved party to the granting of a Certificate of Zoning Compliance to thirty (30) days from the date of a legal notice of the granting of such a certificate, the applicant may elect, at his discretion and expense, to provide legal notice in a newspaper with substantial circulation in the municipality.

If such notice is **not** provided, an appeal could be filed by any aggrieved part at any time subsequent to the issuance of the certificate.

SAMPLE LEGAL NOTICE

<p>LEGAL NOTICE</p> <p>A Certificate of Zoning Compliance has been issued to me by the Town of Brookfield for land and buildings located at _____ <i>(street address)</i></p> <p>to be used for the following purpose(s): _____ <i>(state the "permitted use" and brief description of activity)</i></p> <p>Any party aggrieved by this action may file an appeal with the Brookfield Zoning Board of Appeals pursuant to §8-7 of the CT. General Statutes.</p> <p>Signed: _____, Certificate Holder.</p>
--

2. **Applicant's Intent:**

- I do **NOT** intend to provide a legal notice
- I do intend to provide legal notice and will provide a copy of such notice to the Brookfield Land Use Office for filing within the application file.

(applicant's signature)

(date)