

Application #: \_\_\_\_\_

**TOWN OF BROOKFIELD  
APPLICATION FOR FIRST CUT OR LOT LINE REVISION**

Application Date: \_\_\_\_\_

Property ID#s: \_\_\_\_\_ / \_\_\_\_\_

**Circle one:** First Cut / Lot Line Revision

**LAND OWNERS OF RECORD:**

**APPLICANT/AGENT:**

Site Address: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_

*If more than two lots are altered, indicate additional site data on another sheet.*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Please include field cards of all properties included in the lot line revision application.*

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**SITE DATA:**

Street Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Acreage: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Acreage: \_\_\_\_\_

Proposed Square Footage of each lot: \_\_\_\_\_ / \_\_\_\_\_

Will this proposal result in a non-conforming lot size? *Circle one:* Y / N

Subdivision Name (*if applicable*): \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

- Completed Application
- Copy of Recorded Deed(s)
- Survey showing existing and proposed lot lines (original + 13 copies)
- Existing septic system location
- Soil Test Data
- Public Health Code complying area for septic system
- \$50.00 Health Review Fee

\_\_\_\_\_  
*Applicant Signature*

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

**FOR OFFICE USE ONLY**

Health Dept. Decision Date: \_\_\_\_\_

Planning Decision Date: \_\_\_\_\_

Approved

Denied

Approved

Denied

\_\_\_\_\_  
Town of Brookfield - Health Dept.

\_\_\_\_\_  
Planning Commission Chairman

Notes: \_\_\_\_\_

\_\_\_\_\_  
Date Mylar Signed

\_\_\_\_\_  
Date Filed on Land Records