



TOWN OF BROOKFIELD

ZONING SIGN APPLICATION

APPLICATION DATE: _____ PROPERTY I.D. # _____

APPLICANT/AGENT:

Name: _____

Address: _____

Contact Name: _____

Phone #: _____

Email: _____

LANDOWNER OF RECORD:

Name: _____

Address: _____

Contact Name: _____

Phone #: _____

Email: _____

SITE DATA:

Street Address: _____

Business Name: _____

Building Frontage Linear Footage _____

Zoning District: _____

Permitted Use: _____

Is a Tenant Fit up required? _____

SIGN SPECIFICATIONS:

*****See Article 6.2 of the Zoning Regulations for further information.*****

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:

Lighting Data Sheets must be provided.

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

REQUIRED ATTACHMENTS:

- A. 2 Sketches for each sign showing dimension, text and color of sign.
- B. For a building sign, a plot plan indicating location of the sign on the site.
- C. If other than a building sign, a plot plan indicating location of the sign on the site.

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.

OR

Signature: _____

Signature: _____

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

Property Owner

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

ROADSIDE SIGN: Footing Details:

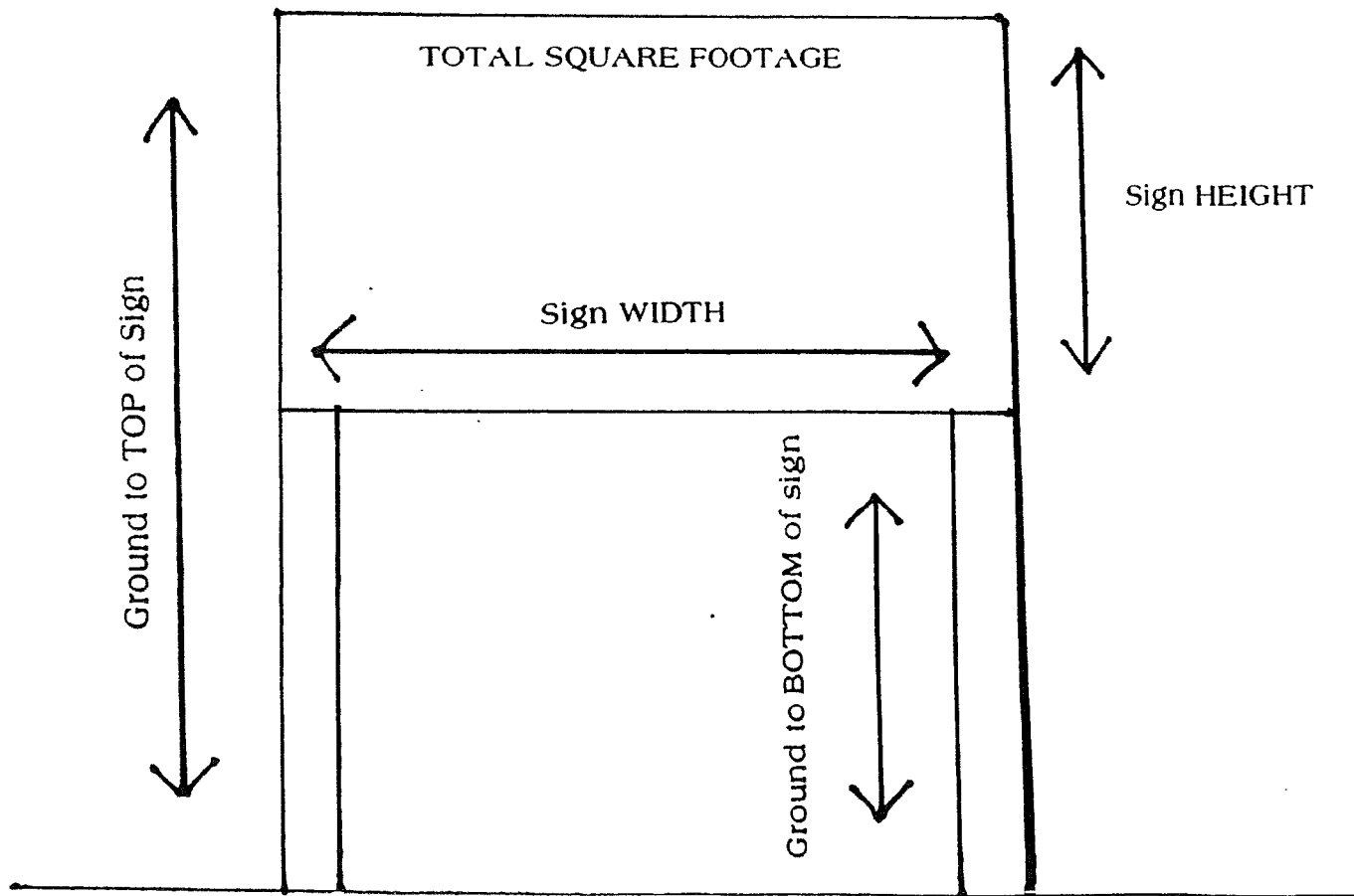
LIGHTED SIGN: Electrician information:

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

☐ Certificate of Insurance Required

SIGN APPROVAL – BUILDING

Building Official Approval: _____ Date: _____



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

- 2) That I, _____, as homeowner 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

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 _____, 20__.

(Notary Public/ Commissioner of the Superior Court)