



TOWN OF BROOKFIELD

APPLICATION FOR COMMERCIAL CERTIFICATE OF ZONING COMPLIANCE

ACTIVITY # _____ PROPERTY I.D. # _____

DATE _____

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: _____

DESCRIPTION OF BUSINESS:

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 any hazardous materials employed? _____

If so, fill out HAZMAT questionnaire.

Comments:

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: _____
Applicant

Signature: _____
Property Owner