

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:**

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

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

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

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

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

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

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

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

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

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

**APPLICANT/AGENT:**

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

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

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

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

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

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

**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?

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

**REQUIRED DOCUMENTATION:**

- ☐ Completed Application
- ☐ Copy of Recorded Deed(s)
- ☐ Survey showing existing and proposed lot lines (original, 8 copies, and PDF)
- ☐ Existing septic system location
- ☐ Soil Test Data
- ☐ Public Health Code complying area for septic system
- ☐ \$75.00 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