

ACTIVITY #: _____

**TOWN OF BROOKFIELD
APPLICATION – NATURAL RESOURCES**

APPLICATION DATE: _____

PROPERTY ID#: _____

APPLICANT/AGENT:

Name: _____

Address: _____

Contact: _____

Phone #: _____

LAND OWNER OF RECORD:

Name: _____

Address: _____

Contact: _____

Phone #: _____

SITE DATA & DESCRIPTION OF WORK:

Street Address: _____

Project Name: _____

Volume to be Added: _____

of Phases: _____

Steep Slopes Present?: ☐ Yes ☐ No

Structures Req'd?: ☐ Yes ☐ No

Wetlands Permit Required?: ☐ Yes ☐ No

Approval Date: _____

Zoning District: _____

Acreage: _____

Blasting Required?: _____

Start Date: _____

End Date: _____

Soil Types Present: _____

REQUIRED DOCUMENTATION: *(the following items must be on or attached to the required Site Plan)*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Property Lines | <input type="checkbox"/> Start/Complete Dates | <input type="checkbox"/> Purpose for Removal | <input type="checkbox"/> Building Location(s) |
| <input type="checkbox"/> # & Type of Equipment | <input type="checkbox"/> Structures Erected | <input type="checkbox"/> Adjacent/Access Roads | <input type="checkbox"/> Hours of Operation |
| <input type="checkbox"/> Sequence of Operations | <input type="checkbox"/> Before/After Contours | <input type="checkbox"/> Kinds of Material | <input type="checkbox"/> Vegetation Plan |
| <input type="checkbox"/> Drainage Plans | <input type="checkbox"/> Volume to be Removed | <input type="checkbox"/> Erosion Controls | <input type="checkbox"/> Safety Precautions |
| <input type="checkbox"/> Adjacent Landowners | <input type="checkbox"/> Blasting Plan | <input type="checkbox"/> Bonding Estimate | |

APPLICANT/OWNER REPRESENTATION:

- I hereby make application for Natural Resources Earthwork & Grading in accordance with the Zoning Regulations, Town of Brookfield Article 6.5.
- This application is accompanied by all data specified in Article 6.5 of the Brookfield Code, the required fee and an itemized breakdown of site work costs so that a performance bond may be set.
- I agree to hold the Town of Brookfield and it's agents harmless for any & all expenses incurred as a result of applicant/occupant's lack of compliance with the aforementioned regulations and any enforcement action resulting therefrom.

Applicant's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____

PERMIT:

Approved and certified to be a true copy of this Natural Resource Permit dated _____
at Brookfield, CT. A performance bond in the amount of \$ _____ is required.

For the Town of Brookfield Zoning Commission

Date