



TOWN OF BROOKFIELD RESIDENTIAL APPLICATION PRELIMINARY ZONING REQUEST

Activity #: _____
Application Date: _____

PROPERTY I.D. # : _____

APPLICANT/AGENT:
Name: _____
Address: _____
Zip: _____
Contact Name: _____
Phone #: _____

LANDOWNER OF RECORD:
Name: _____
Address: _____
Zip: _____
Contact Name: _____
Phone #: _____

PROJECT DESCRIPTION:

SITE DATA:

Street Address: _____ Zone: _____ Has a variance been granted on this property? Yes [] No []
Subdivision Name: _____ Conservation Subdivision: Yes [] No []
Historic District: Yes [] No []

Acres: _____ Lot Size: (Multiply acres by 43,560 sq. ft) = Square Feet:

0

COVERAGE:

Item	Square Feet
House	_____
Deck	_____
Porch	_____
Garage	_____
Shed	_____
Pool	_____
Other	_____
New Construction	_____

INSTRUCTIONS

Enter actual FIRST FLOOR square footage ONLY from Site Plan drawings or Tax Assessor's Field Card.

If there is no change in foot print, note this in the space below and proceed to Proposed Setbacks.

Total Square Footage:

Total all of the above square footages.

PERCENT LOT COVERAGE:

#DIV/0!

Divide Total Square Footage by Lot Size in square feet . Multiply the result by 100 to calculate Percent of Lot Coverage.

BUILDING HEIGHT:

Enter Building Height: Distance from the front finished grade to a point midway between the highest point of the roof and an uninhabited attic floor.

PROPOSED SETBACKS:

5. Enter setbacks from site plan below. 6. Indicate setbacks on site plan.

Center of Road	Rear Yard	Right Side Yard	Left Side Yard

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.

I certify that I am the designated agent for this project

OR

Signature: _____

Signature: _____

Applicant

Property Owner