

Preliminary Plan Application

Project Information

Official Project Name: _____

Number of Lots: _____ Total Acreage of the subject Property: _____

Surrounding Land Uses _____

General Location of the Property: _____

Authorized Agent Information

Authorized Agent: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Property Owner Information

Property Owner: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Engineer Information

Company & Contact: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Landscape Architect Information

Company & Contact: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Application Certification: I certify under penalty of perjury that this application and all Information submitted as a part of this application are true, complete, and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Fairfield Town may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Fairfield Town Code and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are Unique to individual projects or uses. Additionally, I acknowledge that I have reviewed and understand the section from the Consolidated Fee Schedule and hereby agree to comply with this ordinance. I also agree to allow the Staff, Planning Commission, town council, or appointed agent(s) of the town to enter the subject Property to make any necessary inspections thereof.

Property Owner's Signature: _____ Date: _____

Office Use Only

Permit # _____

Approving Authority Name: _____

Signature: _____ Date: _____

Total Fees Due: _____ Amount Paid _____ Ch.# _____ Date: _____

Received by: _____