

Fairfield Lighting Plan Application

Applicant Information:

- Name: _____
- Address: _____
- Phone Number: _____
- Email Address: _____

Project Information:

- Project Address: _____
- Parcel Number: _____
- Property Type (Residential/Commercial/Public): _____
- Project Description: _____
- Expected Start Date: _____ Completion Date: _____

Lighting Plan Requirements: (Attach supporting documents for the following items)

- 1. Fixture Information:**
 - Type of Fixtures: _____
 - Wattage per Fixture: _____
 - Correlated Color Temperature (CCT): _____
 - Manufacturer Specifications Attached: Yes No
- 2. Site Plan:**
 - Attach a detailed site plan showing the location of all outdoor lighting fixtures.
 - Indicate mounting heights and aiming angles.
- 3. Illumination Levels:**
 - Expected light distribution in foot-candles (attach calculations or photometric plan).
 - Compliance with maximum foot-candle levels at property lines: Yes No
- 4. Shielding and Direction:**
 - Are all fixtures full-cut off and shielded? Yes No
 - If no, provide justification: _____
- 5. Operational Hours & Controls:**
 - Hours of Operation: _____
 - Motion Sensor Installed: Yes No
 - Dimming or Automatic Controls: Yes No
- 6. Compliance Statement:**
 - Does this lighting plan adhere to the Fairfield Lighting Ordinance? Yes No
 - If no, explain deviations and provide justification: _____

Applicant Certification: I hereby certify that the information provided in this application is accurate and that the proposed lighting plan complies with all applicable regulations under the Fairfield Lighting Ordinance.

Signature: _____ Date: _____

For Office Use Only

Date: ____/____/____

TI permit completed: permit # _____ Date: _____
By: _____

Application fees paid

Fire Inspection completed: Date _____ By: _____

Fire Inspection fee paid

Conditional Use Permit: _____ By: _____

Planning Commission: Approved: _____ Denied: _____ Date: _____

Comments: _____

Town Council: Approved: _____ Denied: _____ Date: _____

Comments: _____

Total Fees: _____ Paid: _____

Check #: _____

License #: _____

Title

Signature

Date