TOWN OF BROOKFIELD

WPCA BROOKFIELD, CT 06804

EXTENSION CONSENT FORM - SECTION 7-246a

Applicant/Agent: _____

Project Address: _____

Check one as applicable:

_____ sewer connection approval (building sewer)
_____ other proposal for wastewater treatment or disposal

The undersigned Applicant/Agent consents to a _____day extension of time (maximum 65 days total) for the Authority to render a final decision on the above referenced application.

Date: ____/____/_____

Authorizing agent signature: _____

Authorizing agent name (Printed): _____

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

For office use only:

Date application "accepted": _____/_____/_____

Decision date:_____/_____/_____

Extended Decision date:_____/_____/_____