



CANDLEWOOD SHORES TAX DISTRICT

55 Longview Drive, Brookfield, CT, 06804 | (203) 775-1172

Vegetation Watering Permit Application

Application Date: _____

1. Property Address: _____

2. Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Email: _____

3. 24-Hour Emergency Contact: _____

Address: _____

Phone Number: _____ Email: _____

4. Date watering will begin: _____

Date watering will end: _____

5. Reason for watering: _____

In consideration of the issuance of this permit, I agree to the following:

1. This Vegetation Watering Permit is valid for **30 days** to establish new grass or plantings.

Applicant Signature

Date

Application approved by CSTD, subject to general and special conditions attached, by:

CSTD Authorized Agent Signature

Date

Scalzo Property Management

2 Stony Hill Road, Suite 201, Bethel, CT, 06801 | Phone: 203-790-6888 | Fax: 203-790-9390

Office.Manager@Candlewoodshores.com