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**CPPU USE ONLY**

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**Program: Brownfield Remediation & Revitalization**

**Brownfield Remediation & Revitalization Program** **(BRRP) Fee Payment Form**

Pursuant to Section 32-769 of the Connecticut General Statutes (CGS), applicants accepted into the BRRP by the Department of Economic and Community Development (DECD) must submit this **completed form and appropriate installment fee** to the address indicated at the end of this form.

**Only bank checks or money orders** made payable to the Department of Energy and Environmental Protection will be accepted.

**Part I: Applicant Information**

* *If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of the State. If applicable, the applicant’s name shall be stated* ***exactly*** *as it is registered with the Secretary of the State. Please note, for those entities registered with the Secretary of the State, the registered name will be the name used by DEEP.* This information can be accessed at *the Secretary of the State's database.* **(**[**www.concord-sots.ct.gov/CONCORD/index.jsp**](http://www.concord-sots.ct.gov/CONCORD/index.jsp)***)***
* *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

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| **1. Applicant Name:**      Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      \*E-mail:      \*This e-mail address will be used for official correspondence from the Department concerning the subject application. Please notify the Department if your e-mail address changes.a) Applicant Type (check one): [ ]  individual [ ]  state agency [ ]  municipality [ ]  tribal[ ]  business entity (If a business entity complete i through iii):i) check type: [ ]  corporation [ ]  limited liability company [ ]  limited partnership [ ]  limited liability partnership [ ]  statutory trust [ ]  Other:      ii) provide Secretary of the State business ID #:     . This information can be accessed at the Secretary of State's database **(**[**www.concord-sots.ct.gov/CONCORD/index.jsp**](http://www.concord-sots.ct.gov/CONCORD/index.jsp)***)***iii) [ ]  Check here if you are **NOT** registered with the Secretary of State’s office. |

**Part I: Applicant Information (continued)**

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| b) Applicant's interest in property at which the proposed activity is to be located:[ ]  bona fide prospective purchaser [ ]  innocent landowner [ ]  contiguous property owner |
| 1. **Billing contact, if different than the applicant.**

Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      E-mail:      1. **Primary contact for departmental correspondence and inquiries, if different than the applicant.**

Name: Mailing Address:      City/Town:       State:       Zip Code:      Business Phone:       ext.:      Contact Person:       Phone:       ext.      \*E-mail:      **4. Site Location Name:** Address: City/Town:  State:  Zip Code: **5. Date of acceptance** into the BRRP program (attach letter from DECD):**6. Date applicant took title to property** (if acquired after acceptance into the BRRP program): **7. Assessed value of land** from the municipal grand list at date of acceptance into the BRRP Program (attach supporting documentation):**8. Filing Fee:** Check all appropriate boxes. Fees are generally paid in two installments based on 5% of the assessed value of the land. Reductions may apply as specified in Subsection (h) of [CGS Section 32-769](https://www.cga.ct.gov/current/pub/chap_588gg.htm#sec_32-769).[ ]  1st installment - 50% due:  a) [ ]  within 180 days after the later of: [ ]  the date of acceptance or [ ]  acquisition of title; **or** b) [ ]  upon DECD approved extension date (attach DECD approval) pursuant to subsection (h).[ ]  2nd installment - 50% due:  a) [ ]  within four years of the date of acceptance; **or** b) [ ]  upon DECD approved extension date (attach DECD approval) pursuant to subsection (h).[ ]  Fee reductions taken pursuant to subsections (h)(1); (h)(2); or (h)(3). (attach supporting documentation)[ ]  Fee not required pursuant to subsection (h)(4) , or [ ]  (m)(3)[ ]  Fee waiver or reduction granted pursuant to subsection (h)(5) (attach supporting documentation)[ ]  Fee for transfer of ownership pursuant to subsection (m)(1) (attach supporting documentation) |

Note: Please submit this completed Fee Payment Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT

DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION

79 ELM STREET

HARTFORD, CT 06106-5127

If you have any questions, contact Mark Lewis at 860-424-3768 in the DEEP Brownfields Program or Don Friday at 860-500-2363 in the DECD Office of Brownfield Remediation and Development.