

APPLICATION FOR MISCELLANEOUS ARCHITECTURAL CONTROL APPEARANCE

Request is hereby made by: _____

Representing: _____

Applicant's address: _____ Email: _____

Project address: _____ Tax Key # _____ - _____ ~

Phone _____

Present legal owner of the property described above is: _____

To appear before the Town of Brookfield Architectural Control Committee on the date of: _____

Project description: _____

Supporting documents: _____

General Site Data: Existing zoning(s): _____ Area (sq. ft.) per zone: _____

Gross land area: _____ sq. ft. _____ acres

Applicant agrees to reimburse the Town of Brookfield for all legal, engineering and consulting expenses incurred in the processing of this request and must submit agreement form on next page prior to being placed on next agenda.

Applicant's Signature: _____ Date: _____

Architectural Control Committee Review Fee: \$150.00

DEPARTMENT ENTRIES ONLY		
DATE APPLICATION RECEIVED	MEETING DATE SCHEDULED	FEE RECEIVED

Town Hall Offices | Town of Brookfield
645 N. Janacek Road | Brookfield, WI 53045
Phone: (262)796-3788 | Fax: (262)796-0339



PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT

Pursuant to Section 3.21 of the Town of Brookfield Code, the undersigned agrees to reimburse the Town of Brookfield for all costs, expenses, and fees incurred by the Town of Brookfield by the Town Attorney, Engineer, Planner, Economic Development Consultant, or any other professional consultants retained by the Town, and such services relate to the following:

PROJECT NAME: _____

PROJECT ADDRESS: _____

SEND ALL INVOICES TO: _____
(Name & address)

TAX KEY NO(s): _____

By signing below, I represent and warrant to the Town that I am authorized to execute this Agreement on behalf of the Applicant and/or Property Owner, and in those cases where the Applicant and/or Property Owner is a corporation, limited liability company, partnership or other business entity (collectively "Business Entity"), I represent and warrant that the Business Entity is in good standing and authorized to do business in the State of Wisconsin, and that I am authorized to execute and bind the Business Entity to the terms of this Agreement.

RESPONSIBLE PARTIES OR PARTY

Applicant Name, Mailing Address, Signature, & Date:

Address City State Zip

Phone Fax Email

Printed Name Signature Date

Property Owner Name, Mailing Address, Signature, & Date (if different from Applicant):

Address City State Zip

Phone Fax Email

Printed Name Signature Date