

APPLICATION FOR BUILDING PERMIT

Permit For : New Construction, Addition, Repair, Alteration, Other					Tax Key Number (if known)				
OWNER'S NAME			ADDRESS				TELEPHONE		
CONTRACTOR'S NAME			ADDRESS		CERT #- QUAL #-		TELEPHONE		
ARCHITECT/ENGINEER'S NAME			ADDRESS				TELEPHONE		
PROJECT ADDRESS							PROJ. TELEPHONE		
SUBDIVISION							LOT #	BLOCK #	
ZONING DISTRICT		LOT AREA	SETBACK /OFFSETS: FRONT		LEFT	RIGHT	REAR		
BUILDING CLASSIFICATION: ONE/TWO FAMILY, MULTI FAMILY, COMMERCIAL, INSTITUTIONAL, AGRICULTURAL							STORIES	BASEMENT	
CONSTRUCTION: SITE CONSTR., MANUFACTURED, FRAME, MASONRY, STEEL, OTHER					FOUNDATION: CONCRETE, MASONRY, OTHER				
DESIGN DATA:	WIDTH	DEPTH	HEIGHT	BASEMENT AREA	GARAGE AREA		TOTAL LIVING AREA:		
WATER SUPPLY:					SANITARY SYSTEM:				
PRIVATE WELL <input type="checkbox"/>	MUNICIPAL SAN. DISTR. PERMIT #				TANK SYSTEM <input type="checkbox"/>	MUNICIPAL SAN. DISTR. PERMIT #			
WISCONSIN UBC PERMIT NUMBER			COMM APPROVAL REFERENCE			PLANNED PARKING SPACES			
WAUKESHA COUNTY PERMIT			SEPTIC OR MOUND SYSTEM PERMIT			HOLDING TANK PERMIT			
PLAN COMMISSION APPROVAL DATE			BOARD OF APPEALS VARIANCE DATE			ESTIMATED PROJECT COST			

The Applicant agrees to comply with applicable requirements of the Wisconsin Administrative Code as administered by the Safety & Buildings Division of the Department of Safety & Professional Services, the Wisconsin Uniform Dwelling Code, and the General Code of the Town of Brookfield.

The Applicant certifies that all of the information herein submitted is accurate and that a permit granted shall create no legal liability, express or implied, on the Department of Building Inspection and Zoning Administration of the Town of Brookfield. Residential and Commercial Building Permits expire after 12 months and 24 months respectively, from the date of issuance.

Signature of Applicant: _____ Owner Agent Contractor Date: _____
 Print: _____

DEPARTMENT ENTRIES ONLY		
TAX KEY NUMBER	ASSIGNED PERMIT NUMBER	PERMIT DATE
PERMIT FEE PAID	PERMIT RECEIPT NUMBER	BASE PERMIT REFERENCE