

APPLICATION FOR DEMOLITION PERMIT

Demolition Permit For : Residential, Commercial or Industrial Building				Tax Key Number (if known)			
OWNER'S NAME		ADDRESS				TELEPHONE	
CONTRACTOR'S NAME		ADDRESS		CERT #-	QUAL #-	TELEPHONE	
PROJECT ADDRESS						PROJ. TELEPHONE	
DEMOLITION SURETY FUNDS PROVIDED BY: (BOND, LETTER OF CREDIT, OR CASH)						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:	
ELECTRIC POWER DISCONNECTION			GAS SERVICE DISCONNECTION			TELEPHONE SERVICE DISCONNECTION	
ENVIRONMENTAL ANALYSIS			DNR NOTIFICATION			SEWER & WATER DISCONNECTION	

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.

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