

APPLICATION FOR GRADING AND EROSION CONTROL PERMIT

Permit For: Grading, Filling, Erosion Control		Tax Key Number (if known)	
OWNER'S NAME	ADDRESS	TELEPHONE	
CONTRACTOR'S NAME	ADDRESS	TELEPHONE	
ARCHITECT/ENGINEER'S NAME	ADDRESS	TELEPHONE	
SUBDIVISION		LOT #	BLOCK #
DESCRIPTION OF PROPOSED GRADING/ FILLING ACTIVITIES:			
FEDERAL AND STATE AGENCIES WHICH REQUIRE REVIEW:			
PLAN COMMISSION APPROVAL DATE		STATE/ FEDERAL PERMIT DATE	

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, all State and Federal Agencies, 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 Development Services 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