

APPLICATION FOR OCCUPANCY AND USE PERMIT

ADDRESS OF OCCUPANCY		
NEW OWNERS OF BUILDING	ADDRESS OF OWNERS	TELEPHONE
TENANT'S NAME	TENANTS ADDRESS	TELEPHONE
EFFECTIVE DATE OF OCCUPANCY	TYPE OF OCCUPANCY AND USE	
DO YOU WISH TO HAVE THE BUILDING INSPECTION DEPARTMENT INSPECT YOUR RESIDENCE FOR ANY HEALTH, SAFETY OR APPLICABLE CODE VIOLATIONS? YES NO		
IF YES, AN APPLICATION FOR CODE COMPLIANCE AND AN INSPECTION FEE OF \$40.00 MUST BE REMITTED TO THE INSPECTION DEPRTMNT.		
STORAGE OF HAZARDOUS AND/OR FLAMMABLE CONTENTS : YES NO IF YES, DESCRIBE :		
PLEASE LIST NAME, ADDRESS AND TELEPHONE DATA OF THREE PERSONS WHO CAN BE CONTACTED BY THE POLICE AND FIRE DEPARTMENT IN CASE OF EMERGENCY:		
1. NAME	ADDRESS	TELEPHONE
2. NAME	ADDRESS	TELEPHONE
3. NAME	ADDRESS	TELEPHONE
DO YOU HAVE AN ALARM SYSTEM: YES NO IF YES THEN NAME THE ALARM CO.		TELEPHONE
<p align="center">The Applicant certifies that all of the information herein submitted is accurate and that a permit granted shall create no legal liability, expressed or implied, on the Department of Building Inspection and Zoning Administration of the Town of Brookfield. Any changes in the above information must be reported to the Town of Brookfield Town Clerk or Building Inspector.</p>		
Signature of Applicant: _____		Date: _____

DEPARTMENT ENTRIES ONLY		
TAX KEY NUMBER	OCCUPANCY PERMIT NUMBER	PERMIT DATE
PERMIT FEE PAID	PERMIT RECEIPT NUMBER	CODE COMPLIANCE REPORT NUMBER