

APPLICATION FOR SPECIAL OCCUPANCY PERMIT

Permit For: (Promotional Sale, Farmers Market, Temporary Signage..)		Tax Key Number (if known)
OWNER'S NAME	ADDRESS	TELEPHONE
TENANT'S NAME	ADDRESS	TELEPHONE
CONTRACTOR'S NAME	ADDRESS	TELEPHONE
PROJECT ADDRESS		
SPECIAL OCCUPANCY REQUEST FOR:		
ELECTRICAL REQUIREMENTS:		
FIRE/ POLICE REQUIREMENTS:		
SANITARY REQUIREMENTS:		
DURATION OF SPECIAL OCCUPANCY:		
FROM:		TO:
<p>The Applicant agrees to comply with applicable requirements of the Wisconsin Administrative Code as administered by the Safety & Buildings Division of the Department of Commerce and the General Code of the Town of Brookfield.</p> <p>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.</p>		
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