

APPLICATION FOR SPECIAL OCCUPANCY PERMIT

Permit For: (Promotional Sale, Farmers Market, Temporary Signage..)	Tax Key Number (if known)
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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:** _____

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.

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