Print Form

TOWN OF BROOKFIELD **WAUKESHA COUNTY** **WISCONSIN**
DEPARTMENT OF DEVELOPMENT SERVICES BRYCE HEMBROOK, TOWN PLANNER
645 N. JANACEK ROAD, BROOKFIELD, WI 53045 (262) 796-3790

APPLICATION FOR SPECIAL OCCUPANCY PERMIT

Permit For: (Promotional Sale, Farmers Market, Temporary Signage..)		**Tax Key Number** (if known)
OWNER'S NAME	ADDRESS	EMAIL/PHONE
TENANT'S NAME	ADDRESS	EMAIL/PHONE
CONTRACTOR'S NAME	ADDRESS	EMAIL/PHONE

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 Development Services of the Town of Brookfield. The agreement form on the next page must be filled out prior to approval of this permit.

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

TOBBI FORM SO- 2-20