

APPLICATION FOR TENANT ALTERATION PERMIT

Permit For: Tenant Alteration Tenant Area Addition Other			Tax Key Number	
OWNER'S NAME		ADDRESS		TELEPHONE
TENANTS NAME		ADDRESS		TELEPHONE
CONTRACTORS NAME		ADDRESS	CERT #	TELEPHONE
ARCHITECT/ ENGINEERS NAME		ADDRESS		TELEPHONE
PROJECT ADDRESS			SUITE NUMBER	PROJECT TELEPHONE
ZONING DISTRICT			TYPE OF OCCUPANCY	
ALTERATION AREA	HEIGHT	PERMIT VOLUME	PARKING REQUIREMENT	SPECIAL PERMITS REQUIRED
DILHR APPROVAL		PLAN COMMISSION APPROVAL		ESTIMATED PROJECT COST
ADDITIONAL PERMITS REQUIRED				
ELECTRICAL []	PLUMBING []	HVAC []	SIGNS []	OCCUPANCY []

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 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. This permit expires after 24 months from the date of issuance.

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	CONTROL NUMBER