

TOWN OF BROOKFIELD 645 N Janacek Road Brookfield, WI 53045

Building Inspection Jason Chromy (262) 364-6969 Jared Stawicki (262) 490-8270

TAX KEY#	PERMIT #		
	TAX KEY#		

Building Permit Application

PROJECT LOCATION (Building Location)	
PROJECT DESCRIPTION	_Commercial ☐ One & Two Family

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OWNER NAME MAILING ADDRESS - INCLUDE CITY & ZIP TELEPHONE - INCLUDING AREA CODE									EA CODE		
CONTRACTOR'S NAME	ON ELEC HVAC PLBG	LIC/CERT	C/CERT# EXP DATES		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDING AREA CODE				
CONTRACTOR'S NAME	ON ELEC HVAC PLBG	LIC/CERT# EXP DATES			N	MAILING ADDRESS - INCLUDE CITY & ZIP			NCLUDING AR	EA CODE	
CONTRACTOR'S NAME	ON ELEC HVAC PLBG	LIC/CERT	T# EXP DATES		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDING AREA CODE				
CONTRACTOR'S NAME	ON ELEC HVAC PLBG	LIC/CERT	г# 1	EXP DATES MAILING A		MAILING ADDRESS - INCLUDE	NG ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDING AREA CODE		
ZONING DISTRICT		ZONING	ZONING PERMIT # BUILDING HEIGHT SETBACK FRONT FT SET			SETBACK REAR FT	SETBACK RIGHT FT	SETBACK LEFT FT			
CITY WATER AND SEWER YE	es No	IF NO -		•	SANITARY PERMIT	**	PSE OK'D	YES	NO		
INSPECTOR SIGNATURE											
PERMIT FEES - NO REFUNDS ON PERMITS											
RESIDENTIAL	1 AND 2 FAMILY	C	QTY	FEE	MULTI-FAMILY				QTY	FEE	
S 9.00 per 10000					PLAN REVIEW \$ 250.00 plus \$25.00 per unit						
COMMERCIAL (SQ FT ALL AREAS)				FEE	AGRICULTURAL				QTY	FEE	
PLAN REVIEW			value .		S 150.00						
PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN											
VALUATION \$	CHECK#		RECEIVED	ву		DATE RECEIVED		TOTAL FEES \$			
I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability express or implied, in the state or municipality and certify that all the above information is accurate. If one acre or more of soil will be distributed, I understand that this project is subject to chapter NR 151 regarding contractor financial responsibility.* I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work being done. I VOUCH THAT I AM OR WILL BE AN OWNER-OCCUPANT OF THIS DWELLING FOR WHICH I AM APPLYING FOR AND EROSION CONTROL OR CONSTRUCTION PERMIT WITHOUT A DWELLING CONTRACTOR CERTIFICATION AND HAVE READ THE CAUTIONARY STATEMENT REGARDING CONTRACTOR RESPONSIBILITY.**											
APPLICANT NAME (PRINT) APPLICA			PLICANT SIGNATURE				DATE SIGNED				

APPROVAL CONDITIONS

I VOUCH THAT I HAVE READ THE ATTACHED CONDITIONS OF APPROVAL.*** THIS PERMIT IS ISSUED PURSUANT TO THE FOLLOWING CONDITIONS. FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT OR OTHER PENALTIES.