



**Building Inspector**  
**Jason Chromy (262) 364-6969**

**TOWN OF BROOKFIELD**  
**645 N Janacek Road**  
**Brookfield, WI 53045**

PERMIT #
TAX KEY#
DRIVEWAY IS: <input type="checkbox"/> NEW <input type="checkbox"/> RECONSTRUCTED <input type="checkbox"/> RELOCATED <input type="checkbox"/> EXPANDED

## DRIVEWAY Permit Application

OWNER'S NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
SIGN LOCATION ADDRESS		
SUBDIVISION NAME (IF APPLICABLE)	LOT#	BLOCK#
DESCRIPTION		

SCHEDULE OF DRIVEWAY FEES				
DRIVEWAY	Permit Fee .....	EACH	COUNT	FEE
		\$50.00	_____	_____

**SELF ADDRESSED STAMPED ENVELOPE REQUIRED FOR PERMIT RETURN**

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit; understands that the issuance of the permit creates no legal liability, express, or implied of the Department, Municipality, Agency, or Inspector, and certifies that the above information is accurate. Have Permit/Application number and address when requesting Inspections.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 OWNER       AGENT       CONTRACTOR

PLAN COMMISSION APPROVAL DATE	HIGHWAY DEPARTMENT APPROVAL DATE	TOWN ENGINEER APPROVAL DATE
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Permit approved by \_\_\_\_\_ Date \_\_\_\_\_  
JASON CHROMY - BUILDING INSPECTOR

FEES	RECEIPT	PERMIT EXPIRATION	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee _____	Check # _____ Date _____ From _____ Rec. By _____	<b>Permit Expires            90 days from date            Unless otherwise noted            below</b>	Name _____ Date _____ Certification Number _____
<b>NO REFUNDS ON PERMITS</b>			