



TOWN OF BROOKFIELD - TOWN HALL OFFICES  
 645 N Janacek Road - Brookfield, WI 53045  
 Phone (262) 796-3788 - Fax (262) 796-0339

**APPLICATION FOR MISCELLANEOUS ARCHITECTURAL CONTROL APPEARANCE**

REQUEST MADE BY	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL	
APPLICANT NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL	
PROJECT ADDRESS		TAX KEY	
PRESENT LEGAL OWNER OF THE PROPERTY DESCRIBED ABOVE IS		EMAIL	
TO APPEAR BEFORE THE TOWN OF BROOKFIELD ARCHITECTURAL CONTROL COMMITTEE ON THE DATE OF			
PROJECT DESCRIPTION			
SUPPORTING DOCUMENTS			
GENERAL SITE DATA			
EXISTING ZONING(S)	AREA/SQ. FT PER ZONE	GROSS LAND AREA/SQ FT	ACRES
SCHEDULE OF FEES			
ARCHITECTURAL	ARCHITECTURAL CONTROL REVIEW .....	FEE	
		\$150.00	
<p>APPLICANT AGREES TO REIMBURSE THE TOWN OF BROOKFIELD FOR ALL LEGAL, ENGINEERING, AND CONSULTING EXPENSES INCURRED IN THE PROCESSING OF THIS REQUEST AND MUST SUBMIT THE AGREEMENT FORM ON THE NEXT PAGE PRIOR TO BEING PLACED ON THE NEXT AGENDA.</p> <p>SIGNATURE OF APPLICANT _____ DATE _____</p>			
DEPARTMENT USE ONLY			
DATE APPLICATION RECEIVED	MEETING DATE SCHEDULED	FEE RECEIVED	



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**PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT**

**AGREEMENT**

PURSUANT TO SECTION 3.21, OF THE TOWN OF BROOKFIELD CODE, THE UNDERSIGNED AGREES TO REIMBURSE THE TOWN OF BROOKFIELD FOR ALL COSTS, EXPENSES, AND FEES INCURRED BY THE TOWN OF BROOKFIELD BY THE TOWN ATTORNEY, ENGINEER, PLANNER, ECONOMIC DEVELOPMENT CONSULTANT, OR ANY OTHER PROFESSIONAL CONSULTANTS RETAINED BY THE TOWN, AND SUCH SERVICES RELATED TO THE FOLLOWING:

PROJECT NAME

PROJECT ADDRESS

SEND ALL INVOICES TO:  
 (NAME & ADDRESS)

TAX KEY NUMBER(S)

BY SIGNING BELOW, I REPRESENT AND WARRANT TO THE TOWN OF BROOKFIELD THAT I AM AUTHORIZED TO EXECUTE THIS AGREEMENT ON BEHALF OF THE APPLICANT AND/OR PROPERTY OWNER, AND IN THOSE CASES WHERE THE APPLICANT AND/OR PROPERTY OWNER IS A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR OTHER BUSINESS ENTITY (COLLECTIVELY "BUSINESS ENTITY"), I REPRESENT AND WARRANT THAT THE BUSINESS ENTITY IS IN GOOD STANDING AND AUTHORIZED TO DO BUSINESS IN THE STATE OF WISCONSIN, AND THAT I AM AUTHORIZED TO EXECUTE AND BIND THE BUSINESS ENTITY TO THE TERMS OF THIS AGREEMENT.

**RESPONSIBLE PARTY OR PARTIES**

APPLICANT NAME MAILING ADDRESS - INCLUDE CITY & ZIP TELEPHONE - INCLUDE AREA CODE

FAX - INCLUDE AREA CODE EMAIL

PRINTED NAME SIGNATURE DATE

OWNER NAME MAILING ADDRESS - INCLUDE CITY & ZIP TELEPHONE - INCLUDE AREA CODE  
 (IF DIFFERENT THAN APPLICANT)

FAX - INCLUDE AREA CODE EMAIL

PRINTED NAME SIGNATURE DATE