



TOWN OF BROOKFIELD
 645 N Janacek Road
 Brookfield, WI 53045

Town Planner
 Bryce Hembrook (262) 796-3760

Building Inspector
 Jason Chromy (262) 364-6969

PERMIT #
TAX KEY#

OCCUPANCY AND USE
Permit Application

OCCUPANCY LOCATION	OCCUPANCY DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> SPECIAL OCCUPANCY	EFFECTIVE DATE OF OCCUPANCY
IF COMMERCIAL, HOW MANY EMPLOYEES?	DAYS AND HOURS OF OPERATION	
OWNER'S NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
TENANT'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE

SCHEDULE OF FEES			
Occupancy	Permit Fee	EACH	FEE
		Commercial Construction	\$100
Residential Construction.....	\$ 50	_____	

EMERGENCY CONTACTS		
PLEASE LIST THE NAME, ADDRESS AND TELEPHONE DATA OF THREE PERSONS WHO CAN BE CONTACTED BY THE POLICE AND FIRE DEPARTMENT IN CASE OF EMERGENCY		
NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF ALARM COMPANY	TELEPHONE - INCLUDE AREA CODE

The applicant certifies that all of the information herein submitted is accurate and that a permit granted shall create no legal liability, expressed or implied on the Department of Development Services of the Town of Brookfield. Any changes in the above information must be reported to the Town of Brookfield Town Planner or Building Inspector.

Signature of Applicant _____ Date _____

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



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

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