

APPROVAL

CONDITIONS

TOWN OF BROOKFIELD 645 N Janacek Road Brookfield, WI 53045

Call for Building InspectionJason Chromy (262) 364-6969

ERMIT #			
AX KEY#			

Building Permit Application

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

						PF	ROJECT D	ESCRIPTIO	N	□ Commerci	ial 🗆 One & Two Family		
OWNER NAME	MAILING ADDRESS - INCLUDE CITY & ZIP E-MAIL TELEPHONE - INCLUDING AREA CO								AREA CODE				
TENANT NAME (IF APPLICABLE) MAILING ADDRESS - INCLUDE CITY & ZIP E-MAIL									TELEPHONE - IN	LUDING A	AREA CODE		
CONTRACTOR'S NAME	□CON □ELEC □HVAC	□ PLBG	LIC/CERT#		EXP DATES		MAILING ADDRESS - INCLUDE CITY & ZIP			TELEPHONE - INCLUDING AREA CODE			
CONTRACTOR'S NAME	CON DELEC DHVAC	□ PLBG	LIC/CERT# EXP		EXP DATES MAILI		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDING AREA CODE				
CONTRACTOR'S NAME	□CON □ELEC □HVAC	□ PLBG	LIC/CER	EXP DATES		MAILING ADDRESS - INCLUDE CITY & ZIP			TY & ZIP	TELEPHONE - INCLUDING AREA CODE			
CONTRACTOR'S NAME	CON DELEC DHVAC	□ PLBG	LIC/CEF	ERT# EXP DATES		MAILING ADDRESS - INCLUDE CIT			TY & ZIP	P TELEPHONE- INCLUDING AREA C			
ZONING DISTRICT			ZONING PERMIT			BUILDI	NG HEIGHT	SETBACK FRON	IT FT SETE	BACK REAR FT	SETBACK RIGHT FT	SETBA	ACK LEFT FT
CITY WATER AND SEWER	□YES	□ NO	IF NO - SANITARY			SANITARY PER	MIT#		PSE OK'D	□ YES □ NO		□ NO	
INSPECTOR SIGNATURE													
PERMIT FEES - NO REFUNDS ON PERMITS													
RESIDENTIA	L 1 AND 2 FAMILY		d	QTY	FE	E	MULTI-FAMILY			ILY		QTY	FEE
REMODEL/ADDITIONS/ALTERATIONS. \$9.00 per 1000v \$75.00 minimum, \$0.20 per sq ft \$120.00 minimum, \$0.16 per sq ft \$120.00 minimum, \$0.16 per sq ft \$50.00 \$60.00 \$150.00 \$			sq ft		RESUBMISSION MINIMUM PERM FOOTINGS & FC DWELLING EARLY START RAZE PERMIT			N \$250.00 plus \$2 ON OF PLANS \$55.00 FOUNDATION \$250.00 T \$250.00 T \$75.00 minimun \$75.00 minimun \$100.00		n, \$0.16 per sq ft			
COMMERCIAL (SQ FT ALL AREAS)					FE	E	AGRICULTURAL				QTY	FEE	
PLAN REVIEW							RESUBMISSION OF PLANS \$55. MINIMUM PERMIT FEE \$55. NEW STRUCTURE / REMODEL \$0.2			\$150.00 \$55.00 \$55.00 \$0.25 per sq ft \$8.00 PER \$1000			
PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN													
VALUATION \$	CHECK #	RECEIVE	RECEIVED BY		DATE RECEIVED RECEIP		EIPT NUMBER			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) APPLICANT SIGNATURE				DAT				DATE SIGNE	SIGNED				

□ 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.