



TOWN OF BROOKFIELD
645 N Janacek Road
Brookfield, WI 53045

Building Inspector
 Jason Chromy
 262) 364-6969

| |
|----------|
| PERMIT # |
| TAX KEY# |

DEMOLITION
Permit Application

| | | | |
|------------------------------|--------------------------------------|--|--|
| SITE LOCATION | | SITE DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL | |
| OWNER'S NAME(S) | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE | |
| CONTRACTORS NAME | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE | |
| CONTRACTOR'S CERTIFICATION # | CONTRACTOR'S QUALIFIER # | PROJECT TELEPHONE - INCLUDE AREA CODE | |

| SITE INFORMATION | | | |
|--|--|--|-------------------|
| DEMOLITION SURETY FUNDS PROVIDED BY <input type="checkbox"/> BOND <input type="checkbox"/> LETTER OF CREDIT <input type="checkbox"/> CASH | NUMBER OF STORIES | BASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| CONSTRUCTION <input type="checkbox"/> SITE CONSTRUCTION <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER _____ | FOUNDATION <input type="checkbox"/> CONCRETE <input type="checkbox"/> MASONRY <input type="checkbox"/> THER _____ | | |
| DESIGN DATA WIDTH _____ DEPTH _____ HEIGHT _____ | BASEMENT AREA | GARAGE AREA | TOTAL LIVING AREA |

| SERVICE DISCONNECTIONS AND NOTIFICATIONS | | |
|--|---|---|
| ELECTRICAL POWER DISCONNECTION <input type="checkbox"/> YES <input type="checkbox"/> NO | GAS SERVICE DISCONNECTION <input type="checkbox"/> YES <input type="checkbox"/> NO | TELEPHONE SERVICE DISCONNECTION <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ENVIRONMENTAL ANALYSIS <input type="checkbox"/> YES <input type="checkbox"/> NO | DNR NOTIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO | SEWER AND WATER DISCONNECTION <input type="checkbox"/> YES <input type="checkbox"/> NO |

| SCHEDULE OF FEES | | | |
|------------------|---------------------------------------|--------------------------|----------|
| DEMOLITION | | COST | FEE |
| | Razing Fee | \$.09/per sq ft | |
| | NO REFUNDS ON PERMITS | \$200 minimum permit fee | \$ _____ |

THE APPLICANT AGREES TO COMPLY WITH APPLICABLE REQUIREMENTS OF THE WISCONSIN ADMINISTRATIVE CODE AS ADMINISTERED BY THE SAFETY & BUILDINGS DIVISION OF THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES, THE WISCONSIN UNIFORM DWELLING CODE, AND THE GENERAL CODE OF THE TOWN OF BROOKFIELD.

THE APPLICANT CERTIFIES THAT ALL THE INFORMATION HEREIN SUBMITTED IS ACCURATE AND THAT A PERMIT GRANTED SHALL CREATE NO LEGAL LIABILITY, EXPRESS OR IMPLIED, ON THE DEPARTMENT OF BUILDING INSPECTION AND ZONING ADMINISTRATION OF THE TOWN OF BROOKFIELD.

Signature of Applicant _____ OWNER AGENT CONTRACTOR **Date** _____

Permit approved by _____ **Date** _____
 align="center">JASON CHROMY - BUILDING INSPECTOR

| FEES | RECEIPT | PERMIT EXPIRATION | PERMIT ISSUED BY MUNICIPAL AGENT |
|--|--|---|--|
| Inspection Fee \$ _____ Receipt Number: _____ Date _____ | Check # _____ Date _____ From _____ Rec. By _____ | Permit Expires 90 days from date Unless otherwise noted below | Name _____ Date _____ Certification Number _____ |