



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

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

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
SUBDIVISION NAME (IF APPLICABLE)	LOT#	BLOCK#
DESCRIPTION		

**SCHEDULE OF DRIVEWAY FEES**

DRIVEWAY		EACH	COUNT	FEE
	Permit Fee .....	\$50.00	_____	\$ _____
	NO REFUNDS ON PERMITS			

**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 \_\_\_\_\_  OWNER  AGENT  CONTRACTOR Date \_\_\_\_\_

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 \$ _____ Receipt Number: _____ Date: _____	Check # _____ Date _____ From _____ Rec. By _____	<b>Permit Expires 90 days from date Unless otherwise noted below</b>	Name _____ Date _____ Certification Number _____