



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#

PLEASE FILL OUT FORM COMPLETELY

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	
NAME OF BUSINESS		DAYS AND HOURS OF OPERATION		NUMBER OF EMPLOYEES	
BUILDING OWNER'S NAME(S)		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDE AREA CODE	
BUILDING OWNER'S EMAIL ADDRESS _____		FEIN # _____			
TENANT'S EMAIL ADDRESS _____		FEIN # _____			
TENANT'S NAME		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDE AREA CODE	
SCHEDULE OF FEES					
Occupancy		Permit FeeCommercial NO REFUNDS ON PERMITS		\$100	\$ _____
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	
				EMAIL	
NAME		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDE AREA CODE	
				EMAIL	
NAME		MAILING ADDRESS - INCLUDE CITY & ZIP		TELEPHONE - INCLUDE AREA CODE	
				EMAIL	
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	
Inspection Fee \$ _____		Check # _____		Permit Expires 90 days from date unless otherwise noted below	
Receipt Number: _____		Date _____			
_____		From _____			
Date _____		Rec. By _____		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 CODE	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA
FAX - INCLUDE AREA CODE	EMAIL	
PRINTED NAME	SIGNATURE	DATE
OWNER NAME (IF DIFFERENT THAN APPLICANT)	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
FAX - INCLUDE AREA CODE	EMAIL	
PRINTED NAME	SIGNATURE	DATE