



**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#
APPLICATION DATE

## SIGN Permit Application

OWNER'S NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL/PHONE NUMBER
TENANT'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL/PHONE NUMBER
CONTRACTOR NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL/PHONE NUMBER
SIGN LOCATION ADDRESS		
FRONT SETBACK	SIDE OFFSET	HEIGHT OF SIGN
ILLUMINATION TYPE AND CANDLE POWER		
TENANT'S BUILDING FRONTAGE (x .08 = )	ALLOWABLE SIGN DISPLAY AREA	PROPOSED SIGN DISPLAY
ESTIMATED CONSTRUCTION COST	OTHER PERMITS	<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FEDERAL, STATE, COUNTY (IF REQUIRED)

SCHEDULE OF SIGN FEES				
NEW SIGN	Permit Fee ..... NO REFUNDS ON PERMITS	EACH	COUNT	FEE
		\$75.00	_____	\$ _____

### 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 \_\_\_\_\_ Date \_\_\_\_\_

This permit is granted upon the express condition that said owner agrees to faithfully comply with the rules and regulations established, covering the construction, heating, lighting, ventilation, drainage, weather and sanitary service of buildings; and said building will be located and built in strict accordance with the descriptions, plans, and plats as submitted to the Building Inspection Department for conditional approval; and shall further conform in all respects to the Ordinances of the Town of Brookfield and to the State of Wisconsin's Administrative Codes of the department. This permit may be revoked at any time upon violating any of the above mentioned provisions.

Permit approved by \_\_\_\_\_ Date \_\_\_\_\_

Bryce Hembrook - Town of Brookfield Planner

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 _____



**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