



TOWN OF BROOKFIELD
645 N Janacek Road
Brookfield, WI 53045

Inspector
Jason Chromy
(262) 364-6969

PERMIT #
TAX KEY#

Utility Permit Application

SITE LOCATION		SITE DESCRIPTION	
		<input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> REPAIR <input type="checkbox"/> RELOCATE	
UTILITY NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE	
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE	
CONTRACTOR EMAIL			
PROJECT DESCRIPTION		_____ PROPOSED START DATE _____ ESTIMATED RESTORATION DATE	
PROPOSED LOCATION <input type="checkbox"/> PARALLEL TO RIGHT-OF-WAY <input type="checkbox"/> TO CROSS RIGHT-OF-WAY <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> OVERHEAD		PROPOSED METHOD OF INSTALLATION <input type="checkbox"/> DIRECTIONAL BORE <input type="checkbox"/> OPEN CUT	

SCHEDULE OF FEES

UTILITY	PERMIT	FEE
	NO REFUNDS ON PERMITS	\$45.00

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN

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

Signature of Applicant _____ OWNER AGENT CONTRACTOR Date _____

Permit approved by _____ **JASON CHROMY - BUILDING INSPECTOR** Date _____

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 _____