



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

**Call for**  
**Building Inspection**  
 Jason Chromy (262) 364-6969

PERMIT #
TAX KEY#

## Building Permit Application

<b>PROJECT LOCATION</b> (Building Location)	
<b>PROJECT DESCRIPTION</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> One & Two Family

<b>OWNER NAME</b>		<b>MAILING ADDRESS - INCLUDE CITY &amp; ZIP</b>		<b>E-MAIL</b>		<b>TELEPHONE - INCLUDING AREA CODE</b>	
<b>TENANT NAME (IF APPLICABLE)</b>		<b>MAILING ADDRESS - INCLUDE CITY &amp; ZIP</b>		<b>E-MAIL</b>		<b>TELEPHONE - INCLUDING AREA CODE</b>	
<b>CONTRACTOR'S NAME</b>	<input type="checkbox"/> CON <input type="checkbox"/> ELEC <input type="checkbox"/> HVAC <input type="checkbox"/> PLBG	<b>LIC/CERT#</b>	<b>EXP DATES</b>	<b>MAILING ADDRESS - INCLUDE CITY &amp; ZIP</b>		<b>TELEPHONE - INCLUDING AREA CODE</b>	
<b>CONTRACTOR'S NAME</b>	<input type="checkbox"/> CON <input type="checkbox"/> ELEC <input type="checkbox"/> HVAC <input type="checkbox"/> PLBG	<b>LIC/CERT#</b>	<b>EXP DATES</b>	<b>MAILING ADDRESS - INCLUDE CITY &amp; ZIP</b>		<b>TELEPHONE - INCLUDING AREA CODE</b>	
<b>CONTRACTOR'S NAME</b>	<input type="checkbox"/> CON <input type="checkbox"/> ELEC <input type="checkbox"/> HVAC <input type="checkbox"/> PLBG	<b>LIC/CERT#</b>	<b>EXP DATES</b>	<b>MAILING ADDRESS - INCLUDE CITY &amp; ZIP</b>		<b>TELEPHONE - INCLUDING AREA CODE</b>	
<b>CONTRACTOR'S NAME</b>	<input type="checkbox"/> CON <input type="checkbox"/> ELEC <input type="checkbox"/> HVAC <input type="checkbox"/> PLBG	<b>LIC/CERT#</b>	<b>EXP DATES</b>	<b>MAILING ADDRESS - INCLUDE CITY &amp; ZIP</b>		<b>TELEPHONE - INCLUDING AREA CODE</b>	
<b>ZONING DISTRICT</b>	<b>ZONING PERMIT #</b>	<b>BUILDING HEIGHT</b>	<b>SETBACK FRONT FT</b>	<b>SETBACK REAR FT</b>	<b>SETBACK RIGHT FT</b>	<b>SETBACK LEFT FT</b>	
<b>CITY WATER AND SEWER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF NO -</b>	<b>SANITARY PERMIT #</b>	<b>PSE OK'D</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>INSPECTOR SIGNATURE</b>							

PERMIT FEES - NO REFUNDS ON PERMITS				Valuation of project \$ _____			
RESIDENTIAL 1 AND 2 FAMILY		QTY	FEE	MULTI-FAMILY		QTY	FEE
REMODEL/ADDITIONS/ALTERATIONS.....	\$9.00 per 1000v	_____	_____	PLAN REVIEW .....	\$250.00 plus \$25.00 per unit	_____	_____
ACCESSORY BUILDING.....	\$75.00 minimum, \$0.20 per sq ft	_____	_____	RESUBMISSION OF PLANS .....	\$55.00	_____	_____
DECKS .....	\$120.00 minimum, \$0.16 per sq ft	_____	_____	MINIMUM PERMIT FEE .....	\$25.00	_____	_____
OCC PERMIT.....	\$50.00	_____	_____	FOOTINGS & FOUNDATION .....	\$250.00	_____	_____
SWIMMING POOL ABOVE GROUND .....	\$60.00	_____	_____	DWELLING .....	\$0.32 per sq ft	_____	_____
SWIMMING POOL IN-GROUND.....	\$150.00	_____	_____	EARLY START .....	\$250.00	_____	_____
SFD.....	\$160.00 plan fee, \$ 0.32 per sq ft	_____	_____	RAZE PERMIT .....	\$75.00 minimum, \$0.16 per sq ft	_____	_____
STATE SEAL .....	\$55.00	_____	_____	OCCUPANCY .....	\$ 100.00	_____	_____
COMMERCIAL (SQ FT ALL AREAS)			FEE	AGRICULTURAL		QTY	FEE
PLAN REVIEW .....	\$200.00 + \$50.00/hr	_____	_____	PLAN REVIEW .....	\$150.00	_____	_____
RESUBMISSION OF PLANS .....	\$55.00	_____	_____	RESUBMISSION OF PLANS .....	\$55.00	_____	_____
MINIMUM PERMIT FEE .....	\$300.00	_____	_____	MINIMUM PERMIT FEE .....	\$55.00	_____	_____
COMMERCIAL (ALL AREAS) .....	\$0.32 per sq ft	_____	_____	NEW STRUCTURE / REMODEL .....	\$0.25 per sq ft	_____	_____
FOOTINGS & FOUNDATIONS (EARLY START)	\$250.00	_____	_____	ALTERATIONS & ADDITIONS .....	\$8.00 PER \$1000.00 Value	_____	_____
INTERIOR ALTERATIONS & ADDITIONS.....	\$350.00 minimum, \$9.00 per \$1000.00 Value	_____	_____				
RAZE FOUNDATION (ALL AREAS) .....	\$200.00 minimum, \$ 0.09 per sq ft	_____	_____				
CELL TOWER/CO-LOCATING .....	\$11.25 per \$ 1000,00 value	_____	_____				

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN					
<b>FEE REMITTED FROM</b>	<b>CHECK #</b>	<b>RECEIVED BY</b>	<b>DATE RECEIVED</b>	<b>RECEIPT NUMBER</b>	<b>TOTAL FEES \$</b>

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability express or implied, in the state or municipality and certify that all the above information is accurate. If one acre or more of soil will be distributed, I understand that this project is subject to chapter NR 151 regarding contractor financial responsibility.\*. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work being done.

I VOUCH THAT I AM OR WILL BE AN OWNER-OCCUPANT OF THIS DWELLING FOR WHICH I AM APPLYING FOR AND EROSION CONTROL OR CONSTRUCTION PERMIT WITHOUT A DWELLING CONTRACTOR CERTIFICATION AND HAVE READ THE CAUTIONARY STATEMENT REGARDING CONTRACTOR RESPONSIBILITY.\*\*

<b>APPLICANT NAME (PRINT)</b>	<b>APPLICANT SIGNATURE</b>	<b>DATE SIGNED</b>
-------------------------------	----------------------------	--------------------

<b>APPROVAL CONDITIONS</b>	<input type="checkbox"/> I VOUCH THAT I HAVE READ THE ATTACHED CONDITIONS OF APPROVAL.*** THIS PERMIT IS ISSUED PURSUANT TO THE FOLLOWING CONDITIONS. FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT OR OTHER PENALTIES.
----------------------------	---

**\*\*Please Note:** For all commercial projects, a digital plan set must be submitted via email to inspections@townofbrookfield.com.