



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

An inspection must take place prior to permit issuance
 Please call the Building Inspector to schedule an inspection

OCCUPANCY LOCATION (ADDRESS, SUITE #)	OCCUPANCY DESCRIPTION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SPECIAL OCCUPANCY/TEMPORARY	EFFECTIVE DATE OF OCCUPANCY (If temporary, provide from - thru date)
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NAME OF BUSINESS	DAYS AND HOURS OF OPERATION	NUMBER OF EMPLOYEES
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BUILDING OWNER'S NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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BUILDING OWNER'S EMAIL ADDRESS _____	FEIN # _____
TENANT'S EMAIL ADDRESS _____	FEIN # _____

TENANT'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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SCHEDULE OF FEES			
Occupancy	Permit Fee	\$100	\$ _____
NO REFUNDS ON PERMITS			

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
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NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE	EMAIL
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NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE	EMAIL
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ALARM SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF ALARM COMPANY	TELEPHONE - INCLUDE AREA CODE
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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	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 _____



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		
<p>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:</p>		
PROJECT NAME		
PROJECT ADDRESS		
SEND ALL INVOICES TO: (NAME & ADDRESS)		
TAX KEY NUMBER(S)		
<p>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.</p>		
RESPONSIBLE PARTY OR PARTIES		
APPLICANT NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
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