



TOWN OF BROOKFIELD
645 N Janacek Road
Brookfield, WI 53045

Town Planner
Rebekah Leto (262) 796-3760
Appointments preferred
Tuesday and Thursday
8:30am – 12:30pm

Building Inspector
Jason Chromy (262) 364-6969

PERMIT #
TAX KEY#
APPLICATION DATE

FENCE Permit Application

OWNER'S NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL/PHONE NUMBER
CONTRACTOR NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL/PHONE NUMBER
FENCE TYPE	PROPOSED HEIGHT	TOTAL LENGTH
ESTIMATED CONSTRUCTION COST		

- Include a site plan showing the location and the dimension from the rear, street, and side lot lines.
- Applicant/ Property Owner is responsible for obtaining a professional property survey for any solid or open fence proposed to be within five (5) feet of a property line.
- A solid fence proposed to be within three (3) feet of the property line requires a Conditional Use Permit.
- Include a picture or rendering of proposed fence.
- Applicant must sign Professional Services Agreement (next page).

SCHEDULE OF FEES				
FENCE	Permit Fee *Additional consultation fees may apply depending on length of review/ approval. 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 fence rules and regulations established, and said fence will be located and built in strict accordance with the descriptions, plans, and plats as submitted to the Development Services 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 _____
Rebekah Leto – Town of Brookfield Planner

FEES	RECEIPT	PERMIT EXPIRATION	PERMIT ISSUED BY MUNICIPAL AGENT
Permit 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		
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