



TOWN OF BROOKFIELD
645 N Janacek Road
Brookfield, WI 53045

Town Planner
Rebekah Leto
(262) 796-3760
planning@townofbrookfield.com
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)
NAME OF BUSINESS		DAYS AND HOURS OF OPERATION	NUMBER OF EMPLOYEES
BUILDING OWNER'S NAME(S)		MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
BUILDING OWNER'S EMAIL ADDRESS _____		FEIN # _____	
TENANT'S EMAIL ADDRESS _____		FEIN # _____	
TENANT'S NAME		MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
Check box if remodeling/ renovating the space <input type="checkbox"/>		Check box if signage will be proposed <input type="checkbox"/>	

Please describe project and use (business narrative):

Occupancy	Permit Fee (NO REFUNDS ON PERMITS).....	\$100	\$ _____
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EMERGENCY CONTACTS

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

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		
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	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