



Town of Brookfield
645 N. Janacek Road
Brookfield, WI 53045

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Building Inspector
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APPLICATION FOR A ZONING PERMIT

TAX KEY NO _____ ZONING DISTRICT: _____ PERMIT #: _____ TOTAL COST: \$ _____

APPLICANT INFORMATION:

Printed Name: _____

Mailing Address: _____

Telephone #: _____ Email _____

PROPERTY OWNER INFORMATION:

Printed Name: _____

Mailing Address: _____

Telephone #: _____ Email _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

DESCRIBE IN DETAIL THE PROPOSED WORK TO BE COMPLETED: _____

EXISTING STRUCTURE(S)

Principal Structure:

Width _____ Depth _____ Height _____

1 Story _____ 2 Story _____ Split Level _____

No. of Bedrooms _____ No. of Bathrooms _____

Floor Area: 1st Floor _____ 2nd Floor _____

Garage _____ Basement _____

Sanitary Permit # _____

PROPOSED STRUCTURE(S)

Principle Structure:

Width _____ Depth _____ Height _____

1 Story _____ 2 Story _____ Split Level _____

No. of Bedrooms _____ No. of Bathrooms _____

Floor Area: 1st Floor _____ 2nd Floor _____

Garage _____ Basement _____

Sanitary Permit # _____

Accessory Structure(s):

List type of Structure and size: _____

Total Sq. Ft. _____

Accessory Structure(s):

List type of structure(s) and size _____

Total Sq. Ft. _____

Size of Lot: Average Width _____ Average Depth _____ Total Square Footage: _____

PROPOSED SETBACKS/OFFSETS FOR PLANNED IMPROVEMENTS

	PRINCIPLE STRUCTURE	ACCESSORY STRUCTURE	DECKS AND PATIOS	MEASURE TO THE OVERHAN <u>ONLY IF IT EXCEEDS TWO (2) FEET</u> , OTHERWISE MEASURE AS NOTED BELOW.
Road Setback				feet from the building foundation to the established road right-of-way (base setback line).
Offset				feet from building foundation to the (N,S,E,W) _____ property line.
Offset				feet from building foundation to the (N,S,E,W) _____ property line.
Offset				feet from building foundation to the (N,S,E,W) _____ property line.
Floodplain Setback				feet from building foundation to the floodplain (FP elevation _____ datum _____).
Wetland Setback				feet from building foundation to the wetland.
Shore Setback				Feet from closest point of structure to the OHWM.

Three (3) COPIES OF AN ACCURATE SITE PLAN OR PLAT OF SURVEY (preferred), DRAWN TO SCALE, MUST BE SUBMITTED WITH THIS APPLICATION. The map should show (1) location and dimension of lot, (2) location and dimensions of all existing/proposed buildings on lot and those within 50 feet of lot, (3) location and centerline of all abutting streets, (4) high water line of any water body which lost abuts, (5) location of existing/proposed wells and septic systems on lot an within 50' of lot, (6) floor elevation of proposed new building, (7) location of percolation tests and soil borings for new buildings. SOIL TESTS, TWO SETS OF BUILDING PLANS, AND A GRADING PLAN MAY ALSO BE REQUIRED. APPROVAL OF THE SEPTIC SYSTEM BY THE ENVIRONMENTAL HEALTH DIVISION IS REQUIRED PRIOR TO ISSUANCE OF THE ZONING PERMIT. AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE ZONING PERMIT, AND THE APPLICATION MAY BY RETURNED FOR ADDITIONAL INFORMATION. CONSTRUCTION MUST START WITHIN 6 MONTHS AND BE COMPLETED WITHIN 18 MONTHS OF THE DATE OF ISSUANCE OF THE ZONING PERMIT.

Both of the undersigned state that the foregoing information is true and accurate to the best of his/her knowledge; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county, and town will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties.

Signature of Owner _____ Date _____

Signature of Agent _____ Date _____

Application (approved) denied) by Zoning Administrator _____ Date _____

Conditions for approval or reasons for denial _____ Date _____

TOWN USE ONLY

Fee Paid: \$ _____ Receipt #: _____ Date _____