



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#
APPLICATION DATE

**SIGN
 Permit Application**

OWNER'S NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL/PHONE NUMBER	
TENANT'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL/PHONE NUMBER	
CONTRACTOR NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL/PHONE NUMBER	
SIGN LOCATION ADDRESS			
FRONT SETBACK	SIDE OFFSET	HEIGHT OF SIGN	ILLUMINATION TYPE AND CANDLE POWER
TENANT'S BUILDING FRONTAGE	ALLOWABLE SIGN DISPLAY AREA (Frontage x 0.8)	PROPOSED SIGN DISPLAY	
ESTIMATED CONSTRUCTION COST	OTHER PERMITS	<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FEDERAL, STATE, COUNTY (IF REQUIRED)	

SCHEDULE OF SIGN FEES				
		EACH	COUNT	FEE
NEW SIGN	Permit Fee	\$75.00	_____	\$ _____
	NO REFUNDS ON PERMITS			

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 rules and regulations established, covering the construction, heating, lighting, ventilation, drainage, weather and sanitary service of buildings; and said building will be located and built in strict accordance with the descriptions, plans, and plats as submitted to the Building Inspection 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 shall become null and void if work authorized under the permit has not been completed within 6 months of permit issuance. -Sec. 17.08(11)(h)-	Name _____ Date _____ Certification Number _____

