



**TOWN OF BROOKFIELD**  
**645 N Janacek Road**  
**Brookfield, WI 53045**

**Building Inspector**  
**Jason Chromy**  
 (262) 364-6969

PERMIT #
TAX KEY#
PROJECT ADDRESS

**DRIVEWAY**  
**Permit Application**

OWNER'S NAME(S)	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL ADDRESS	TELEPHONE W/AREA CODE
CONTRACTOR'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	EMAIL ADDRESS	TELEPHONE W/AREA CODE
SUBDIVISION NAME (IF APPLICABLE)	LOT#	BLOCK#	
<b>DESCRIPTION</b>  <input type="checkbox"/> ASPHALT TO ASPHALT <input type="checkbox"/> ASPHALT TO CONCRETE <input type="checkbox"/> CONCRETE TO CONCRETE <input type="checkbox"/> GRAVEL TO _____ <input type="checkbox"/> OTHER _____  DRIVEWAY IS: <input type="checkbox"/> NEW <input type="checkbox"/> RELOCATED <input type="checkbox"/> EXPANDED <input type="checkbox"/> RECONSTRUCTED			

SCHEDULE OF DRIVEWAY FEES				
DRIVEWAY		EACH	COUNT	FEE
	Permit Fee .....	\$50.00	_____	\$ _____
	<b>NO REFUNDS ON PERMITS</b>			

**SELF ADDRESSED STAMPED ENVELOPE REQUIRED FOR PERMIT RETURN - OR-**

**CHECK HERE FOR EMAILED PERMIT** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

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** \_\_\_\_\_  
 OWNER     AGENT     CONTRACTOR

PLAN COMMISSION APPROVAL DATE (IF APPLICABLE)	HIGHWAY DEPT APPROVAL DATE: ____/____/____	TOWN ENGINEER APPROVAL DATE (IF APPLICABLE)
<b>CULVERT INSPECTION REQUIRED</b>		

**Permit approved by** \_\_\_\_\_ **Date** \_\_\_\_\_  
 JASON CHROMY - BUILDING INSPECTOR

FEES	RECEIPT	PERMIT EXPIRATION	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee \$ _____ Receipt Number: _____ Date: _____	Check # _____ Date _____ From _____ Rec. By _____	<b>Permit Expires</b> <b>90 days from date</b> <b>Unless otherwise noted</b> <b>below</b> _____	Name _____ Date _____ Certification Number _____