TOWN OF BROOKFIELD
645 N Janacek Road
Brookfield, WI 53045

Call for
Building Inspection
Jason Chromy (262) 364-6969

PERMIT #	
TAX KEY#	

Building Permit Application

Two sets of plans are required with permit application submittal. See additional note below for **commercial properties**

PROJECT ADDRESS (Include suite # if applicable)	
PROJECT DESCRIPTION	☐ Commercial ☐ One & Two Family

PROPERTY OWNER NAME			**MAILING ADDRESS - INCLUDE CITY & ZIP**	**E-MAIL**	**TELEPHONE - INCLUDING AREA CODE**
TENANT NAME (IF APPLICABLE)			**MAILING ADDRESS – INCLUDE CITY & ZIP**	**E-MAIL**	**TELEPHONE – INCLUDING AREA CODE**
CONSTRUCTION CONTRACTOR:	**LIC/CERT#**	**EXP DATES**	**MAILING ADDRESS - INCLUDE CITY & ZIP**	**E-MAIL**	**TELEPHONE - INCLUDING AREA CODE**
ELECTRICAL CONTRACTOR:	**LIC/CERT#**	**EXP DATES**	**MAILING ADDRESS - INCLUDE CITY & ZIP**	**E-MAIL**	**TELEPHONE - INCLUDING AREA CODE**
HVAC CONTRACTOR:	**LIC/CERT#**	**EXP DATES**	**MAILING ADDRESS - INCLUDE CITY & ZIP**	**E-MAIL**	**TELEPHONE - INCLUDING AREA CODE**
PLUMBING CONTRACTOR:	**LIC/CERT#**	**EXP DATES**	**MAILING ADDRESS - INCLUDE CITY & ZIP**	**E-MAIL**	**TELEPHONE- INCLUDING AREA CODE**

ARCHITECT/ ENGINEER'S NAME	**EMAIL**	**MAILING ADDRESS**	**TELEPHONE – INCLUDING AREA CODE**

ZONING DISTRICT	**ZONING PERMIT #**	**BUILDING HEIGHT**	**SETBACK FRONT FT**	**SETBACK REAR FT**	**SETBACK RIGHT FT**	**SETBACK LEFT FT**

CITY WATER AND SEWER	**☐ YES**	**☐ NO**	**IF NO -**	**SANITARY PERMIT #**	**PSE OK'D**	**☐ YES**	**☐ NO**

INSPECTOR SIGNATURE	**DATE**

PERMIT FEES – (Minimum Permit Fee: $75.00) No Refunds on Permits *VALUATION OF PROJECT $_____

RESIDENTIAL 1 AND 2 FAMILY		QTY	FEE
REMODEL/ADDITIONS/ALTERATIONS	$9.00 per 1000v		
ACCESSORY BUILDING	$75.00 minimum, $0.20 per sq ft		
DECKS	$120.00 minimum, $0.16 per sq ft		
OCC PERMIT	$50.00		
SWIMMING POOL ABOVE GROUND	$60.00		
SWIMMING POOL IN-GROUND	$150.00		
SFD	$160.00 plan fee, $ 0.32 per sq ft		
STATE SEAL	$55.00		

MULTI-FAMILY		QTY	FEE
PLAN REVIEW	$250.00 plus $25.00 per unit		
RESUBMISSION OF PLANS	$55.00		
MINIMUM PERMIT FEE	$55.00		
FOOTINGS & FOUNDATION	$250.00		
DWELLING	$0.32 per sq ft		
EARLY START	$250.00		
RAZE PERMIT	$75.00 minimum, $0.16 per sq ft		
OCCUPANCY	$ 100.00		

COMMERCIAL (SQ FT ALL AREAS)		FEE
PLAN REVIEW	$200.00 + $50.00/hour	
RESUBMISSION OF PLANS	$55.00	
MINIMUM PERMIT FEE	$300.00	
COMMERCIAL (ALL AREAS)	$0.32 per sq ft	
FOOTINGS & FOUNDATIONS (EARLY START)	$250.00	
INTERIOR ALTERATIONS & ADDITIONS	$350.00 minimum, $9.00 per $1000.00 Value	
RAZE FOUNDATION (ALL AREAS)	$200.00 minimum, $ 0.09 per sq ft	
CELL TOWER/CO-LOCATING	$11.25 per $ 1000,00 value	

AGRICULTURAL		QTY	FEE
PLAN REVIEW	$150.00		
RESUBMISSION OF PLANS	$55.00		
MINIMUM PERMIT FEE	$55.00		
NEW STRUCTURE / REMODEL	$0.25 per sq ft		
ALTERATIONS & ADDITIONS	$8.00 PER $1000.00 Value		

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR PERMIT RETURN

FEE REMITTED FROM	CHECK #	RECEIVED BY	DATE RECEIVED	RECEIPT NUMBER	TOTAL FEES $

I agree to comply with all applicable codes, statutes, and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability express or implied, in the state or municipality and certify that all the above information is accurate. *If one acre or more of soil will be distributed, I understand that this project is subject to chapter NR 151 regarding contractor financial responsibility.* I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work being done.

☐ I VOUCH THAT I AM OR WILL BE AN OWNER-OCCUPANT OF THIS DWELLING FOR WHICH I AM APPLYING FOR AND EROSION CONTROL OR CONSTRUCTION PERMIT WITHOUT A DWELLING CONTRACTOR CERTIFICATION AND HAVE READ THE CAUTIONARY STATEMENT REGARDING CONTRACTOR RESPONSIBILITY.

APPLICANT NAME (PRINT)	APPLICANT SIGNATURE	DATE SIGNED

APPROVAL CONDITIONS	**☐ I VOUCH THAT I HAVE READ THE ATTACHED CONDITIONS OF APPROVAL. THIS PERMIT IS ISSUED PURSUANT TO THE ATTACHED CONDITIONS. FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT OR OTHER PENALTIES.**

Please Note: For all **commercial** projects, a digital plan set must be submitted in PDF format (with PlanReview stamped approval if submitted to E-Plan Exam or the State) via email to inspections@townofbrookfieldwi.gov

Town use only: Plan Review #:_____ Date approved:___/___/___