

CITY OF BROOKFIELD
INSPECTION SERVICES DEPARTMENT
2000 N. CALHOUN RD, BROOKFIELD, WI 53005
Phone (262) 796-6646 Fax (262) 796-6702

APPLICATION FOR PERMIT

HOME OCCUPATIONAL USE

A. HOME OCCUPATION SITE

1. Street Address _____
2. Zip Code _____
3. Owner's Name _____
4. Owner's Address (if different) _____

5. Owner's Phone No. _____
6. Owner's Email _____

B. HOME OCCUPATIONAL USE

1. Name of Business _____
2. Business Phone No. _____
3. Type of Business _____

4. Business Email _____
5. Hours and days of operation _____

6. Number of persons (including applicant) working on site in home occupation business.
List names and addresses below:
Name Address

7. Describe anticipated deliveries (number per week, type of delivery vehicle):

(Over)

- 8. Will a vehicle be used in connection with the home occupation use? _____
If yes, describe the size and type of vehicle (including payload capacity in pounds):

- 9. Attach a survey of property showing location of all buildings and identifying parking areas (if necessary).
- 10. Please estimate the number of visitors per day associated with the home occupational use _____
- 11. Identify all areas and square footage of the house that will be used for the home occupation (example: 2nd floor rear bedroom, 10'X10' = 100 square feet).

My signature below indicates that all of the information contained on this application is, to the best of my knowledge, true and correct and indicates that I have read and understand the home occupation ordinance.

Date _____

Signature

SUBMIT COMPLETED APPLICATION WITH ALL REQUIRED ATTACHMENTS AND THE \$63.00 APPLICATION FEE TO:

**CITY OF BROOKFIELD
Inspection Services Department
2000 N. CALHOUN ROAD
BROOKFIELD, WI 53005**

FOR OFFICE USE ONLY:

Zoning: _____

Legal Description: Lot _____ Block _____ Subdivision _____

Approved: _____ Date _____