

APPLICATION FOR PERMIT

CITY OF BROOKFIELD
DEPARTMENT OF
INSPECTION SERVICES

EROSION CONTROL

2000 N. CALHOUN ROAD
BROOKFIELD, WI 53005
(262) 796-6646 | FAX (262) 796-6702

EXACT STREET
ADDRESS:

Applicant _____ Applicant Phone No. _____

Applicant Address _____

No.

Street

City

State

Zip

Landowner _____ Landowner Phone No. _____

Parcel Description: Lot _____ Block _____ Subdivision _____

Straw Bales

Filter Fence

Description of Land Disturbing Activity:

Total area to be disturbed: _____ Square Feet

Excavating or filling: _____ Cubic Yards

Trenching: _____ Linear Feet

Grading: _____ Square Feet

APPLICANT'S SIGNATURE _____

PRINT NAME _____

OFFICE USE ONLY

Less than 1 acre

More than 1 acre

Bond required Amount \$ _____

Permit Fee \$ _____

Approved by _____

Date _____

It is Hereby Agreed between the applicant, as owner, owner's agent or servant, and the City of Brookfield, that for and in consideration for the premises and of the permit to construct, erect, alter or install erosion control methods as above described, to be issued and granted by the Building Inspector, that the work thereon will be done in accordance with the descriptions set forth in this statement, and as more fully described in the specifications and plans herewith filed; and it is further agreed to construct, erect, alter, or install and occupy in strict compliance with the ordinances of the City of Brookfield, and to obey any and all lawful orders of the Building Inspector of the City of Brookfield and State Laws relating to the construction, alteration, repairs, removal and safety of buildings and other structures and permanent building equipment.