

APPLICATION FOR PERMIT

OCCUPANCY PERMIT

CITY OF BROOKFIELD
INSPECTION SERVICES
262-796-6646
FAX 262-796-6702

2000 N. CALHOUN ROAD
BROOKFIELD, WI 53005

ENTER EXACT STREET ADDRESS IN BOX ↑

TENANT INFORMATION

CORPORATE OFFICE INFORMATION

Name of parent company if any

Street address if different from above

Name doing business as

City State Zip

Suite No or floor location

Contact person

Telephone

Email:

GENERAL BUSINESS INFORMATION

Is business new to Brookfield? ____ Yes ____ No

Number of employees _____

Is business relocating within the City of Brookfield? ____ Yes No ____

If yes former name and address of operation _____

Form of ownership: ____ Sole proprietorship ____ Partnership ____ Corporation ____ LLC ____ LLP

Date building can be inspected: ____ ASAP ____ I will call for an inspection

Hours and days of operation: _____

Brief description of business operation or use: _____

Applicant's signature _____ **Print Name** _____

Fees: \$173.00 COMMERCIAL OR INDUSTRIAL

Payable by cash or check only. Make payable to City of Brookfield. Permit fee may be doubled if occupancy occurs prior to receiving permit.

For office use only:

Zoning _____

Building Permit # _____

Approved by _____

Date _____ No inspection needed