

# 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

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: \$165.00 COMMERCIAL OR INDUSTRIAL

Permit fee may be doubled if occupancy occurs prior to receiving permit.

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For office use only:

Zoning \_\_\_\_\_

Building Permit # \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_  No inspection needed