

APPLICATION FOR PERMIT

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

OCCUPANCY PERMIT

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 _____

Business contact Email Address _____

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: _____

Applicants signature _____ **Print Name** _____

Fees: \$153.00 COMMERCIAL OR INDUSTRIAL

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

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