

TOWN OF BROOKFIELD

Fire Department

645 N. Janacek Road

Brookfield, WI 53045

(262) 796-3792

Fax: (262) 796-0410

Plan Review Submission Form

Project Name: _____

Project Address: _____

Contracting Company: _____

Contractor Address: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Additional Information: _____

Required Articles for Submission (Check-Off)

_____ Full set of building plans.

_____ State of Wisconsin approval letter (if submitted to the state for review).

_____ Completed Fire Department Plans Review Submission Form.

Type of Work/Project

_____ Remodel

_____ Build-Out

_____ Addition

_____ New Structure

Description of Project: _____

Date Received by Fire Department: _____ Received By: _____

Date Reviewed by Fire Department: _____ Reviewed By: _____

If You Have Any Questions Regarding This Process Please Feel Free To Call (262-796-3792)