

APPLICATION FOR TENANT ALTERATION PERMIT

Permit For:		Tenant Alteration, Tenant Area Addition, Other			Tax Key Number
OWNER'S NAME		ADDRESS			TELEPHONE
TENANTS NAME		ADDRESS			TELEPHONE
CONTRACTORS NAME		ADDRESS			TELEPHONE
ARCHITECT/ENGINEERS NAME		ADDRESS			TELEPHONE
PROJECT ADDRESS			SUITE NUMBER		PROJECT TELEPHONE
ZONING DISTRICT			TYPE OF OCCUPANCY		
ALTERATION AREA	HEIGHT	PERMIT VOLUME	PARKING REQUIREMENT	SPECIAL PERMITS REQUIRED	
DILHR APPROVAL		PLAN COMMISSION APPROVAL			ESTIMATED PROJECT COST
ADDITIONAL PERMITS REQUIRED					
ELECTRICAL	PLUMBING	HVAC	SIGNS	OCCUPANCY	

The Applicant agrees to comply with applicable requirements of the Wisconsin Administrative Code as administered by the Safety & Buildings Division of the Department of Commerce and the General Code of the Town of Brookfield.

The Applicant certifies that all of the information herein submitted is accurate and that a permit granted shall create no legal liability, express or implied, on the Department of Building Inspection and Zoning Administration of the Town of Brookfield. This permit expires after 24 months from the date of issuance.

Signature of Applicant: _____ Owner Agent Contractor Date: _____

DEPARTMENT ENTRIES ONLY		
TAX KEY NUMBER	ASSIGNED PERMIT NUMBER	PERMIT DATE
PERMIT FEE PAID	PERMIT RECEIPT NUMBER	CONTROL NUMBER