

APPLICATION FOR TENANT ALTERATION PERMIT

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|---|-----------------|---------------------------------|----------------------------|---------------------------------|
| Permit For: Tenant Alteration, Tenant Area Addition, OtherTax 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: _____

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