

Permit Fee: \$ _____ + State Fee: _____ = Total Fee: \$ _____

<u>Tax Collector</u>
_____ Approved _____ Denied
_____ Date: _____

PERMIT #: _____
This Item For Office Use

**Town of Brookfield
PERMIT APPLICATION
ROOFING only**

APPLICATION DATE: _____ PROPERTY ID#: _____

Property Street Address:		
Subdivision Name & Lot #:		
Owner Name:		Phone:
Applicant Name:		Phone:
Contractor Name:		Phone:
Contractor Address:		
Contractor License #:		Exp. Date:

Description of Work:

Start Date: _____ Completion Date: _____ Value of Work: \$ _____

I hereby certify that I am the owner of record of the above named property, or that the proposed work is authorized by the owner and that I have been authorized to make this application as the designated agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature: Owner/Agent _____ Date _____ Signature: Contractor _____ Date _____

Building Official Approval _____ Date _____