



CITY OF BROOKFIELD, WI

DESCRIPTION AND VALUE OF WORK FORM

You may supply your own form in lieu of completing this form as long as it contains all of the same information.

TAX KEY NO. _____ ADDRESS _____
LAND COST _____ DATE OF PURCHASE _____

SITE CLEARANCE & PREPARATION COST _____

BUILDING RAZING COST _____

BUILDING: _____

Excavation _____

Foundation _____

Structural flooring/slab _____

Exterior flooring/slab _____

STEEL WORK _____

CARPENTRY _____

Framing of structure _____

Partitions _____

Millwork and finish _____

Roofing _____

FLOOR FINISH _____

CEILING FINISH _____

DRYWALL/OTHER WALL FINISH _____

PLUMBING _____

Interior _____

Lot drainage/sanitary _____

HEATING _____

COOLING/VENTILATING _____

ELECTRICAL _____

BUILT-INS _____

MISCELLANEOUS: _____

Indirect Costs (Plans, Surveys, Insurance, Interim Financing) _____

Overhead and Profit (General Contractor) _____

Materials Furnished by Owner _____

Interior Finish by Owner _____

YARD AND OUTSIDE: _____

Paving, Lighting, Curbing, Fencing, etc. _____

Other Costs (Canopy, Trash Enclosure, etc.) _____

TOTAL PROJECT COST _____

Contractor's Name _____

Telephone Number _____

See back page for signatures

I declare under penalty of false swearing under the law of Wisconsin that the foregoing is true and correct.

Signed _____ Date _____

Title _____ (President, Owner, Builder, etc.)

State of: _____

County of: _____

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public: _____

My commission expires: _____

Return to: City of Brookfield Inspection Services Department
2000 N Calhoun Rd
Brookfield, WI 53005
OR FAX: 262-796-6702

Questions: land@ci.brookfield.wi.us
262-796-6648