



BUSINESS OCCUPANCY PERMIT APPLICATION

Inspection Department **(Complete All Information)**
 2424 15th Avenue
 South Milwaukee, WI 53172

PERMIT #: _____ - OC
 FEE: \$75.00

(Please Print Clearly)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

DETAILED DESCRIPTION OF BUSINESS TYPE/SERVICES OFFERED (Use separate sheet if necessary):

BUSINESS OWNER INFORMATION	PROPERTY OWNER INFORMATION
Name:	Name:
Mailing Address:	Mailing Address:
Phone:	Phone:
Email:	Email:
Fed ID or EIN No.:	
BUILDING/PREMISES INFORMATION	BUSINESS OPERATION INFORMATION
Location of Occupied Space (i.e. basement, 1 st floor, etc):	Hours of Operation:
Sq. Footage of Occupied Space:	Number of Employees:
Previous Use:	Estimated Number of Customers Daily:
No. of Off-Street Parking Stalls:	On-Site Delivery Location/Frequency:
Refuse Storage/Collection Location:	Expected Date of Occupancy:
Additional Keyholder Name/Phone:	Additional Keyholder Name/Phone:

IMPORTANT INFORMATION:

- Business owners are responsible for scheduling all required inspections. (To schedule, see phone numbers listed below.)
- All occupancies require inspections by the Building and Fire Inspector. Food, alcohol, salon-type, animal related, and rooming establishments require inspection by the Environmental Health Specialist.
- No occupancy is allowed until all necessary inspections are successfully completed.
- Permits including building, electrical, HVAC, and plumbing are required for additions and most alterations.
- A separate sign permit is required for all new signage or alterations to existing signs.
- No commercial alterations or signage are authorized by this application.
- Any change in use, owner, or occupancy type shall require a new Certificate of Occupancy.

By signing below, applicant acknowledges that they have read and understand the occupancy requirements contained herein.

 Signature of Property Owner (Required)

 Date

 Signature of Business Owner/Applicant (Required)

 Date

Building Inspector 414-768-8054

Fire Inspector 414-768-8191

Environmental Health Specialist 414-768-8055

STAFF USE:

Zoning of Property: _____ Tax Key Number: _____

Proposed Use is a: _____ PERMITTED or _____ CONDITIONAL USE in this zone. Staff Initials _____ Date Received _____

Are there any outstanding property maintenance orders for this property? YES or NO Date Approved: _____

NOTES: _____
