

CITY OF SOUTH MILWAUKEE
2424 15th AVENUE
SOUTH MILWAUKEE, WI 53172

DATE _____

APPLICATION FOR OCCUPANCY PERMIT

NAME OF BUSINESS: _____

STATE IN DETAIL TYPE OF OCCUPANCY OR WORK TO BE PERFORMED: _____

PREVIOUS USE OF BUILDING SPACE (IF KNOWN): _____

BUSINESS ADDRESS: _____

BUSINESS OWNER: _____ PHONE: _____

FED ID or EIN NUMBER: _____

MAILING ADDRESS: _____

MANAGER'S NAME (if applicable): _____ PHONE: _____

MAILING ADDRESS (if applicable): _____

OWNER OF BUILDING: _____ PHONE: _____

MAILING ADDRESS: _____

ADDITIONAL KEYHOLDERS - Name/Phone (for emergency purposes): _____

PERMIT FEE: \$75.00

APPLICANT INFORMATION:

SIGNATURE: _____

NAME (PLEASE PRINT): _____

ADDRESS: _____

PHONE: _____

FAX NO. (optional): _____

EMAIL (optional): _____

Disclaimer: Completion of this application and payment of permit fee does **not** authorize occupancy of the premises for the proposed use. An Occupancy Permit will be issued upon completion of inspections and compliance with Municipal Code requirements. Separate permits are required for building, electrical, and plumbing work. Applicant is responsible for contacting building inspector, fire inspector, and environmental health specialist, if applicable, for inspections. If occupancy includes the sale, manufacture or distribution of food and/or alcohol, or certain businesses including pet shops, tattoo parlors, swimming pools, rooming houses, etc., health inspections are required. Please contact the Environmental Health Specialist for additional information. **I have read and acknowledge the above.**

Signature

BUILDING INSPECTOR 414-768-8054

FIRE INSPECTOR 414-768-8191

ENVIRONMENTAL HEALTH SPECIALIST 414-768-8055

STAFF USE:

Zoning of Property: _____, Tax Key Number: _____.

The proposed use is (circle one) **PERMITTED** OR **CONDITIONAL USE** in this zone. _____
staff initials date

Are there any outstanding orders for this property? **YES / NO**

NOTES: _____

