

VILLAGE OF GREENDALE
6500 Northway
Greendale, WI 53129-0257
(414) 423-2100 Fax: (414) 423-2107

APPLICATION FOR OCCUPANCY PERMIT/TEMPORARY USE
(Please print (or) Type)

To The Director of Building Inspection: (Please print or type)

Permit No: _____

The undersigned hereby makes application for a Certificate of Occupancy in accordance with the requirements of section 15.14 of the Greendale Municipal Code. The undersigned agrees that the premises described **shall not be occupied** until a Certificate of Occupancy has been issued.

Date of Application: _____ Email: _____

Name of Applicant: _____ Telephone No.: _____

Address: _____ City _____ State _____ Zip _____

Address of Premises to be Occupied: _____

Portion of Building or tenant space to be occupied: _____

Owner of Building _____ Former Occupant _____

Signature of Owner

Signature of Applicant

Please Print _____

Retail Business – Commercial – Manufacturing

Permit Fee: \$190.00 Occupancy / 6 months or less \$80.00/

Special Community Event

Temporary Use \$80.00

Business Name: _____

Type of Business: _____

Briefly Describe Operation of Business (or attach separate sheet):

Machinery, Equipment, Etc. to be Installed: _____

Number of Employees: Male _____ Female _____ Anticipated Opening Date: _____
(Must receive application and request for inspection at least 5 days prior)

Number of Parking Spaces to be Provided: _____ Note: Only parking spaces dedicated to tenant space or property can be counted.

Is Business Open for Inspection? Yes _____ No _____

If No, How Will Access be Arranged? _____

Is a Sign Needed for the Business? Yes _____ No _____ If Yes, Have You Applied for a Sign Permit? Yes _____ No _____

Office Use Only:

Approved By: _____ Date Paid: _____ Receipt No.: _____

Building Inspector: _____

Electrical Inspector: _____

Plumbing Inspector: _____

Health Dept.: _____

Fire Inspector: _____

NOTIFICATION SENT TO ALL DEPTS AND

ASSESSOR ON: INITIAL: