VILLAGE OF GREENDALE 6500 Northway Greendale, WI 53129-0257 (414) 423-2100 Fax: (414) 423-2106

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 Certificat Greendale Municipal Code. The undersigned agrees that to Occupancy has been issued.			4 of the
Date of Application:			
Name of Applicant:	Tele	phone No.:	
Address:			
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			
**************************************	Permit Fee: \$19	**************************************	****
Business Name:			
Type of Business:			
Briefly Describe Operation of Business (or attach separate	e sheet):		
Machinery, Equipment, Etc. to be Installed:			
Number of Employees: Male Female An	nticipated Opening Dat	te:	
Number of Parking Spaces to be Provided: Note	: Only parking spaces	dedicated to tenant space or property can be c	ounted.
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 Ap	plied for a Sign Permit? Yes No	
Office Use Only:			
Approved By: Date Pa	id:	Receipt No.:	
Building Inspector:	Electr	rical Inspector:	
Plumbing Inspector:		h Dept.:	
Fire Inspector:			