

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 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: \_\_\_\_\_

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 \_\_\_\_\_

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Retail Business – Commercial – Manufacturing

Permit Fee: \$175.00 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: \_\_\_\_\_

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: \_\_\_\_\_