

OCCUPANCY PERMIT APPLICATION

VILLAGE OF BUTLER
12621 West Hampton Avenue
Butler, WI 53007
783-2525

_____ OCC

FEE: \$150.00 plus 40% Admin = \$210.00

No. _____

(THE FEE COVERS ONE INITIAL INSPECTION AND ONE FOLLOW-UP INSPECTION PER INSPECTOR; ANYTHING BEYOND THAT WILL REQUIRE AN ADDITIONAL \$25.00 FEE PER INSPECTOR FOR A RE-INSPECTION.)

Name of Business _____
Phone _____

Address in Butler _____

Describe Business Operations (Products, process, business form, other locations, etc. Attach additional sheet if necessary):

Hours of Operation: _____

Number of employees at this location: _____

Has a Knox Box Been Installed yet? ____ Yes ____ No

_____ Applicant is the owner of the property.

Whole / Part of Building (*circle one*)
(If Part, please provide Floor Plan of Building)

_____ Applicant is a tenant.

Do you have, or will you have, any of the following Vending Machines operating on the premises:

Soda ____ Yes ____ No Cigarette/Tobacco ____ Yes ____ No Games ____ Yes
____ No (Pinball/Pool/Etc.)

ATTACH A CERTIFIED SURVEY, PLAT OF SURVEY OR SITE PLAN DRAWN TO SCALE SHOWING NUMBER AND LOCATION OF PARKING, LOCATION OF DUMPSTER, OUTSIDE STORAGE, ETC.

- Garbage cans/dumpster must be screened from public view
- Outside storage of materials must be screened
- Hard Wired Alarm Systems will be required in all buildings 6,000 sq. ft. or greater by June 1, 2004
- High hazard uses in buildings greater than 3,000 sq. ft. need to install Automatic Fire Sprinklers by June 1, 2006 or at the time of extensive renovations. (Check with Fire Department)
- Alterations/Remodeling may require other permits (Building, Plumbing, Electrical, etc. Check with Building Inspector)

The undersigned applies for a permit to occupy the premises described herein for the uses and purposes as set forth and in accordance with all of the provisions of the Ordinances of the Village of Butler.

_____ Date

_____ Applicant (Sign)

Email _____

_____ (Print Name)

(Over)

LIST NAME, ADDRESS AND PHONE NUMBER OF PERSONS TO CONTACT IN AN EMERGENCY

Name	Address	Phone
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Name	Address	Phone
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(FOR OFFICE USE ONLY)

Building Board Approval: (Please Note - Building Board Approval is contingent on completion of all inspections)

_____ **Current Zoning:** _____

_____ **The Proposed Use is Permitted?**

_____ **Yes** _____ **No**

Floor Plan Received: _____
Date

Site Plan Received: _____
Date

COMMENTS: _____

ELECTRICAL INSPECTOR **Inspection Date(s):** _____

Approval Date: _____

PLUMBING INSPECTOR **Inspection Date(s):** _____

Approval Date: _____

BUILDING INSPECTOR **Inspection Date(s):** _____

Approval Date: _____

FIRE INSPECTOR **Inspection Date(s):** _____

Approval Date: _____

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Date Copies Made for Fire Department and Building Inspector: _____

Date/Department of Second Request: _____ **Date Issued** _____