



OCCUPANCY PERMIT APPLICATION

VILLAGE OF BUTLER
12621 West Hampton Avenue
Butler, WI 53007
262-783-2525
www.butlerwi.gov

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

OCCUPANCY PERMIT # _____

Name of Business _____

Phone _____

Address in Butler _____

Describe Business Operations **IN DETAIL** (Products, process, business form, other locations, etc. Attach additional sheet if necessary) operations not listed below will not be permitted and enforcement will be taken if non-permitted operations take place:

Hours of Operation: _____

Number of employees at this location: _____

Has a Knox Box Been Installed? Yes No

_____ Applicant is the owner of the property.

_____ Applicant is a tenant.

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

Building Owner Name & Contact Information: _____

Building Owner Signature: _____

Building owner acknowledges that if tenant violates municipal code and fails to comply with enforcement that building owner will also be held liable for municipal code violations.

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

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 dumpsters or containers **MUST** be screened from public view
- Outside storage of materials must be screened
- Alterations/Remodeling may require other permits (Building, Plumbing, Electrical, etc.)
- Parking on approved areas only – see Municipal Code

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, and the Village of Butler reserves the right to revoke an occupancy permit for violations of Municipal Code.

_____ Date _____ Applicant (Sign)

Email _____ (Print Name)

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

_____ Name _____ Address _____ Phone

_____ Name _____ Address _____ Phone

===== (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: _____

BUILDING INSPECTOR Inspection Date(s): _____

Approval Date: _____

FIRE INSPECTOR Inspection Date(s): _____

Approval Date: _____

===== Date Copies Made for Fire Department and Building Inspector: _____

Date/Department of Second Request: _____ Date Issued _____