



## VILLAGE OF WEST MILWAUKEE

4755 WEST BELOIT ROAD  
WEST MILWAUKEE, WI 53214  
TELEPHONE (414) 645-1530  
FAX (414) 671-8089  
[www.westmilwaukee.org](http://www.westmilwaukee.org)

### Inspection Services Department June 2016

Dear Occupancy Permit Applicant:

Attached is the application form which is required in order for you to obtain a **Certificate of Occupancy** in the Village of West Milwaukee. You may not open for business until you have the certificate. Please also see our codes online at [www.westmilwaukee.org](http://www.westmilwaukee.org) section 98-255 Occupancy Permit Required, to confirm the permitted uses for the address you are interested in. Also, call the Health Dept. at 414-302-8600 to confirm if you will need an inspection by their dept., regardless if you will have food on the premises. The detailed information on the form is requested to enable Village Staff to complete a review of your intended operation. We request your patience and cooperation in completing the application thoroughly. **Submitting an application does not guarantee approval.**

The Village of West Milwaukee is involved with an extensive redevelopment plan encompassing the entire community. Accordingly, it is in the best interest of the Village and all potential occupants, that both parties understand the detailed uses of each property. The application form that has been provided to you will enable the Village of West Milwaukee to provide you guidance and direction in conducting business in the Village.

If you have difficulty completing the form, please contact the Inspection Department at 414-645-1530 ext 128. After this form has been completed, please return it to the Clerk-Treasurer's Office at 4755 West Beloit Road. At that time you will be charged a fee of \$150.00 to cover the cost of processing the occupancy permit application. If you move in prior to applying for occupancy, then this fee doubles to \$300 per code Sec 98-260/ **Page five (5) requires two notarized signatures (applicant and the owner of the property/building). The application will not be reviewed without these two (2) notarized signatures. The plan of operation (4 pgs) and emergency contact sheet (1 pg) are part of the occupancy permit submittal.**

The completed application form will be forwarded to the Chief of Police and the Inspection Services Department, and should the Inspectors require additional information, you will be asked to comply. **Sprinklers and/or Alarm Permit Plans: Between the applicant/developer/architect and village inspectors – it is their responsibility to follow up with each other or request additional information in order to determine if sprinkler plans and/or alarm permit plans are required to be updated or installed.**

The completed application form will be reviewed in approximately fifteen (15) business days after receipt.



**Section C: Proposed Occupant**

Business Name (in W Milw): \_\_\_\_\_

Current Business Address (if you are moving from another location) \_\_\_\_\_

Current Phone: \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Business Type: \_\_\_ Sole Proprietorship \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Other \_\_\_\_\_

Contact Person if Different from above: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Business Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Previous Business Location \_\_\_\_\_ Dates: \_\_\_\_\_

**Section D: Plan of Operations**

Check all that apply:

\_\_\_ Office \_\_\_ Retail \_\_\_ Commercial \_\_\_ Light Manufacturing \_\_\_ Heavy Manufacturing

\_\_\_ Industrial \_\_\_ Mixed \_\_\_ Restaurant \_\_\_ Tavern \_\_\_ Warehousing \_\_\_ Trucking/Distribution

Detailed Description of Business Operations \_\_\_\_\_

Is the proposed use permitted under current zoning? \_\_\_ Yes \_\_\_ No

Will the proposed use require a conditional use permit? \_\_\_ Yes \_\_\_ No

Will there be any potential problems from smoke, odors, noise, light, vibration, etc.? \_\_\_ Yes \_\_\_ No

Proposed days of Operation \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Current number of employees \_\_\_\_\_ Projected peak number of employees \_\_\_\_\_

**Section E: Licenses, Permits, Approvals**

**Does this building need to add a sprinkler system and/or fire alarm system?  Yes  No**  
**Applicant responsible to follow up with both the state and municipal contacts to confirm.**  
**Municipal requirements might be different than state. **W Milw Fire Inspector: 414-645-1530 x129****

Will this operation require any additional licenses or permits from the Village of West Milwaukee? \_\_\_ Yes \_\_\_ No

\_\_\_ Security Alarm \_\_\_ Beer/Liquor \_\_\_ Amusement \_\_\_ Vending \_\_\_ Dance Hall \_\_\_ Auto Salvage

\_\_\_ Junkyard \_\_\_ Used Auto \_\_\_ Massage Therapist \_\_\_ Nursing Home \_\_\_ Day Care Center

\_\_\_ Pawnbroker \_\_\_ Phonograph \_\_\_ Food/Restaurant\* \_\_\_ Other \_\_\_\_\_

Will this Operation require any licenses or permits from the State of Wisconsin? \_\_\_ Yes \_\_\_ No

If yes, please include applicable documents with application

Does proposed operations require approval or special permits/licenses issued by the \_\_\_ Yes \_\_\_ No

**Wisconsin Department of Natural Resources?**

If yes, please include applicable documents with application

Are you required to have your building plans approved by the State of Wisconsin? \_\_\_ Yes \_\_\_ No

If yes, please include approval letter(s) with application.

**\*Please contact West Allis Health Dept.  regardless if you will have food or not.**  
**Food/Restaurant License (414) 302-8600.**

**Section F: Parking**

**NOTICE: Applicant must submit a site plan with dimensions showing where parking will be located.**

Sq. Ft. of Bldg \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
# Parking Spaces Allowed: Handicap \_\_\_\_\_ Regular \_\_\_\_\_  
Off Street \_\_\_\_\_ On Street \_\_\_\_\_  
\_\_\_\_\_ Employee Only

# Parking Spaces Submitted: Handicap \_\_\_\_\_ Regular \_\_\_\_\_  
Off Street \_\_\_\_\_ On Street \_\_\_\_\_  
Applicant must submit a site plan with dimensions showing where parking will be located.  
\_\_\_\_\_ Customer and Employee

Pavement Type: \_\_\_\_\_ Asphalt \_\_\_\_\_ Gravel \_\_\_\_\_ Grass \_\_\_\_\_ Concrete

Screening: \_\_\_\_\_ None \_\_\_\_\_ Fencing \_\_\_\_\_ Plantings \_\_\_\_\_ Other:

**Section G: Signs and Lighting**

Will the proposed operation have any special lighting that may impact other properties or general \_\_\_\_\_ Yes \_\_\_\_\_ No public?  
Type: \_\_\_\_\_  
Location: \_\_\_\_\_  
Will the operation have any outside signs? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTICE: Separate sign permit application and fee must be submitted for any signage**

\_\_\_\_\_ Ground \_\_\_\_\_ Wall \_\_\_\_\_ Canopy \_\_\_\_\_ Roof \_\_\_\_\_ Monument \_\_\_\_\_ Other

Number of Signs: \_\_\_\_\_

**Section H: Hazardous Materials**

Will the proposed operations involve the use of any materials that are considered hazardous and regulated by any federal, state, county or local governmental agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a detailed statement of substances, quantities and potential dangers. Attach a separate sheet if necessary.

**Section I: Additional Information**

In the space below, please furnish any pertinent information that you feel will assist the Village in evaluating this Application.

\_\_\_\_\_  
\_\_\_\_\_



**Section K: Notice of Charge for Professional Services:**

I, the undersigned applicant, understand that pursuant to the Village of West Milwaukee Code of Ordinances, if the Village Attorney or any other Village professional, provides services to the Village as a result of this application, whether at my request or the request of the Village, and such service is not a service supplied to the Village as a whole, I shall be responsible for the fees incurred by the Village.

\_\_\_\_\_  
**Signature of Applicant** **PRINT NAME HERE** Date: \_\_\_\_\_

**Business Property Addressed as:** \_\_\_\_\_

**Section L: Applicant's Certification**

I, the undersigned certify that to the best of my knowledge, all of the information in this application is true and correct. I understand that any false statement contained in this application can be cause for denial of an occupancy permit.

I agree to abide by the applicable municipal, state and federal codes, regulations, laws and ordinances as amended and agree to comply with, and at all times abide by any conditions established by the Village Staff and made part of the occupancy permit.

I understand that any changes in the plan of operations as submitted and approved as part of this application, will require the submission of an amended application for an occupancy permit along with the payment of the applicable fees.

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**Applicant & Property Owner MUST sign in the presence of a Notary Public.**

\_\_\_\_\_  
**Signature of Applicant** **PRINT NAME HERE** Date: \_\_\_\_\_

\_\_\_\_\_  
Title of **Applicant** (owner, manager, applicant etc...)

\_\_\_\_\_  
**Signature of Property Owner** **PRINT NAME HERE** Date: \_\_\_\_\_

Subscribed and sworn before me  
This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin

My Commission  
Expires; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_