Inspection Services Department

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 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.

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.
Fee Paid: ______________  Date: ______________  Treasurers Receipt Number: ______________

Application for Occupancy Permit

Completion of this application DOES NOT permit occupancy of the premises.
Notice: Pursuant to Chapter 98 of the Zoning Code of the Village of West Milwaukee, it is illegal to occupy, build or change the use of any property or parcel of land, unless representatives of the Village of West Milwaukee have issued the occupancy permit. Failure to obtain said permit could result in civil forfeiture and other legal actions.

Address to be occupied: ____________________________________________________________

Name of Business: ________________________________________________________________

Section A: Applicant’s Personal Information/Please Print

Name: ____________________________________________________________ __________________________

Last First Middle Initial

Home Address: ____________________________________________________________

Street: ______________  City: ______________  State: ______________  Zip: ______________

Phone Number during Business Hours: __________________  Other Phone: __________________

Business e-mail address: __________________  other e-mail: __________________

Applicant Date of Birth (Police Records Check): __________________

Section B: Property Owner Information/Please Print

TaxKey: ______________  CurrentZoning: ______________  Permitted: ______________  Conditional: ______________

Property Owner’s Name: ____________________________________________________________

Property Owners Mailing Address: ____________________________________________________

Property Owners Business Phone: __________________

Contact Person (If Different from above): __________________  Contact’s Phone: __________________

Does proposed occupant own property? __ Yes  __ No  Is there a written offer to purchase? __ Yes  __ No
Will proposed occupant rent or lease property? __ Yes  __ No

**Do Not Write Below This Line - Parking plans must be submitted, sufficient and approved.**

Health Department: Yes____  No____  Date:____  By:________

Police Department: Yes____  No____  Date:____  By:________

Fire Inspector: Yes____  No____  Date:____  By:________

Property Maintenance: Yes____  No____  Date:____  By:________

Village Administrator: Yes____  No____  Date:____  By:________

Building Inspector: Yes____  No____  Date:____  By:________

Occupancy Permit #:________________________  Temp#:________________________

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Section C: Proposed Occupant

Business Name (in West Milwaukee): ____________________________________________________________

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: __________________________________________

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 of Wisconsin and Village of West Milwaukee. Municipal requirements might be different than the State. West Milwaukee Fire Inspector: 414-645-1530 x. 140

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, explain (also include copies of documents with application):

__________________________________________________________________________________________________________

Does proposed operations require approval or special permits/licenses issued by the Wisconsin Department of Natural Resources? _____ Yes _____ No

If yes, explain (also include copies of 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____

# Parking Spaces Submitted: Handicap ____ Regular____

Off Street _____ On Street _____

Off Street _____ On Street _____

_____ Employee Only _____ 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 J: Site Plan

In the space below, or by separate drawing, submit a detailed site plan with dimensions of all buildings, parking areas, sign and righting locations, and any other significant details of your proposed operation. If you do not have a site plan, draw on this page, show: the layout of the building (rooms, windows etc) & parking lot.
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

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

Title of Applicant (owner, manager, applicant etc.)

Subscribed and sworn before me

This ______ Day of __________________, 20 _____

______________________________
Notary Public, State of Wisconsin

My Commission Expires: _________/________/_______________

SIGNATURE OF PROPERTY OWNER

PRINT NAME HERE

Subscribed and sworn before me

This ______ Day of __________________, 20 _____

______________________________
Notary Public, State of Wisconsin

My Commission Expires: _________/________/_______________