

VILLAGE OF WEST MILWAUKEE

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

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.



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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 purchases? 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 may 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):

Do 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 Department for Food/Restaurant License (414) 302-8656.**

Section F: Parking

NOTICE: Applicant must submit a site plan with dimensions showing where parking will be located in all zoning districts. If this is located in B-1 Local Business District please see additional requirements in item #2.

Item #1 Parking Requirements for all zoning districts

A. Gross floor area in square feet _____

B. Loading requirements (Code 98-92):

<u>If square feet:</u>	<u># space(s) required are:</u>
0 – 4,999	0
5,000 – 24,999	1
25,000 – 49,999	2
50,000 – 99,999	3
100,000 – 174,999	4
175,000 – 249,999	5

Total Spaces

C. Type of business use requirements (Code 98-94.9.B-F):

Type of business _____
 _____space(s) per _____square feet of gross area = _____space(s)
 Plus _____space(s) per employee at peak time = _____space(s)

Total Spaces

D. Handicap requirements (Code 98-94.3):

1 Space optional for less than 25 spaces (not required state statute Sec 346.503)
 1 Space for parking areas containing 26-49 spaces
 For 50 or more (see code 98-94.3.b & c)
 b = 2% of total # of spaces
 c = +1 for lots with 50 to 1,000 spaces

Total Spaces

E. Residential requirements (Code 98-94.9.a.1)

Single-family, two-family & multiple-family
 2 spaces per dwelling

Total Spaces

Total # of spaces required for this use:

Total Spaces Required

Total # of on-site spaces available:

Total Spaces Available

Must be equal to or greater than total spaces required

Item #2 Additional Parking Requirements for B-1 Zoning district

(Zoning Code 98-94.g Adjustments)

The minimum number of required parking spaces may be adjusted to 5 vehicles off site, including employees that can park within 250 feet of the front door. Provide the following that applies:

- Written documentation and data that the operation will require less parking than the code requires
- Written documentation of shared parking (i.e. – parking lease agreement, contract or purchase agreement)
- Written documentation outlining on-street parking within 250 feet of entrance
- Written documentation for a Parking Management Plan which will reduce parking requirements for staff (i.e. – alternate transportation, bus/transit van, car pools, etc.)

Section G: Signs and Lighting

Will the proposed operation have any special lighting that may impact other properties? ___Yes ___No

Type: _____

Location: _____

Will the proposed operation have any outside signs? ___Yes ___No

___ Ground ___ Wall ___ Canopy ___ Roof ___ Monument ___ Window ___ Other

Number of Signs: _____

NOTICE: SEPARATE SIGN PERMIT APPLICATION AND FEE MUST BE SUBMITTED FOR ANY SIGNAGE

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 attach a drawing that details your site plan with dimensions of all buildings, parking areas, signs, layout of floor plan and any other significant details of your proposed operation.



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.

Date: _____

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.

Date: _____

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: _____/_____/_____

Date: _____

SIGNATURE OF PROPERTY OWNER

PRINT NAME HERE

Subscribed and sworn before me

This _____ Day of _____, 20 _____

Notary Public, State of Wisconsin

My Commission

Expires: _____/_____/_____