



## 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

Dear Occupancy Permit Applicant:

Attached is the amended 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 414-302-8654 to confirm if you will need an inspection by their department. 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 with guidance and direction in conducting business in the Village.

After this form has been completed, please return it to the Clerk's Office at 4755 West Beloit Road. At that time, you will be charged a fee of \$200.00 to cover the cost of processing the occupancy permit application. 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 Operations (4 pgs.) and Emergency Contact Sheet (1 pg.) is also 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: \_\_\_\_\_  
 Occupancy Permit #: \_\_\_\_\_

**Amended Application for Occupancy Permit/Change of Operation**

**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.

Property Address: \_\_\_\_\_  
 Name of Existing Business: \_\_\_\_\_  
 Name of Proposed Business: \_\_\_\_\_

**Section A: Applicant's Personal Information/Please Print**

Name: \_\_\_\_\_  
 First Middle Initial (if you have one it is necessary) Last  
 Home Address: \_\_\_\_\_  
 Address City State Zip  
 Phone Number During Business Hours: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Date of Birth (Police Records Check): \_\_\_\_\_

**Section B: Property Owner Information/Please Print**

Tax Key \_\_\_\_\_ Current Zoning: \_\_\_\_\_ 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 Approval:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Police Approval:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Fire Inspector Approval\*:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Property Maintenance Approval:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Administrator Approval:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Building Inspector Approval:  Yes  No Date: \_\_\_\_\_ By: \_\_\_\_\_

**\*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.**

**Section C: Plan of Operations**

Check all that apply:

Office     Retail     Commercial     Industrial     Mixed     Restaurant  
 Tavern     Warehousing     Trucking/Distribution     Light Manufacturing     Heavy Manufacturing

Detailed Description of Amended Business Operations: \_\_\_\_\_

Is the proposed use permitted under current zoning?     Yes     No

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

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

Current/additional number of employees: \_\_\_\_\_ Projected peak number of employees: \_\_\_\_\_

**Section D: Licenses, Permits, Approvals**

Will you 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  
 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.

**\*Please contact West Allis Health Dept. (414) 302-8654.**

**Section E: Parking**

Will the amendment require additional parking?

Yes  No (if no, skip to section F)

**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):

<b>if square feet:</b>	<b># space(s) required are:</b>
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.  
 Spaces over 50 see code 98-94.3. b  
     b = 2% of total # of spaces  
 In addition to 98-94.3. b spaces over 1,000 see code 98-94.3.c  
     c. 1% of ea. 1,000 spaces over the 1st 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, carpools, etc.)

**Section F: 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 G: 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.

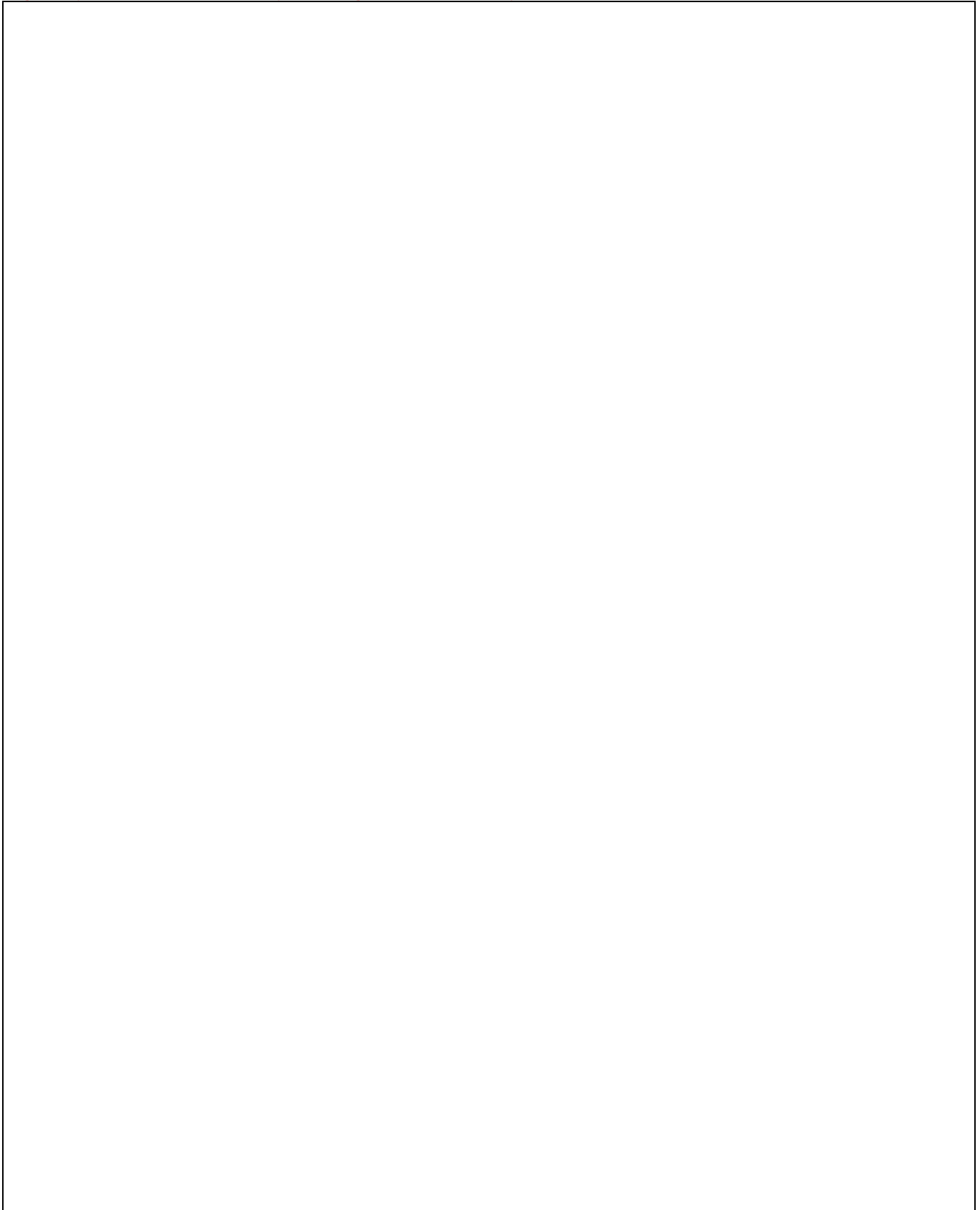
**Section H: Additional Information**

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

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

**Section I: 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.**

A large, empty rectangular box with a thin black border, intended for the user to draw a detailed site plan. The box occupies most of the page below the instructions.

**Section J: 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 K: 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 of 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_