Building Permit Application

Change of Occupancy

www.portwashingtonwi.gov

Business Address				**Permit#**
Business Name	Phone Number	Business Owner's Name		Phone Number
Business Owner's Home Address		City	State	Zip Code
Bulding Owner's Name			Phone Number	
Building Owner's Home Address		City	State	Zip Code

Describe Business in Detail

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Applicants's Signature	**Print Name**	**Date**

The Business/Building owner applies for a permit to occupy the premises described herein for the uses and purposes as herein set forth and in strict accordance with all of the provisions of the City of Port Washington Municipal Code and the State of Wisconsin Administrative Code that may be applicable to said premise. The Business/Building Owner agrees that said premise <u>will not</u> be occupied until an Occupancy Permit has been approved.

Date Issued	**Total Fee $55.00**

Zoning

Approved_____ Disapprove_____ Reason_____

_____

Code Violations

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For your information:

**** All businesses are required to contract out for their own garbage and recycling pick-up.**

**** All new or changed signs require a Sign Permit Form.**

Code Violations explained to_____ Days allowed to Correct Violation_____

Reinspection/compliance date_____