

COMMUNITY DEVELOPMENT DEPARTMENT - BUILDING INSPECTION DIVISION
201 Delafield Street, Room 200
Waukesha, WI 53188



Application for Certificate of Occupancy

This form and instructions are available on the City website @www.ci.waukesha.wi.us.

Date: _____	Permit No. _____
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Business Name: _____ Business Address: _____

What part of the building will you occupy? _____ How much space? _____ SF

Existing or previous tenants type of business? _____ Has the space been vacant for +12 mo. _____

Describe new business in complete detail including the occupancy classification the use falls within if known. Please describe any parking spaces provided including the type, lot vs. street, and quantity:

Applicant	Property Owner
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
Email _____	Email _____

The undersigned 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 Waukesha zoning ordinance, health ordinance, and all other ordinances of the City of Waukesha and administrative rules of the State of Wisconsin applicable to said premises.

The undersigned understands that said premises will be subject to inspection to check that the above verifications occurred and if any of the information provided or any of the above statements are found to be false, the approval by the Zoning Administrator will become void, permit fees will be forfeited, and an Occupancy Permit will not be issued. The undersigned agrees that said premises will not be occupied until a Certificate of Occupancy has been issued by the City.

Signature of Applicant: _____ Date: _____

*****NOTE***** A building undergoing a change of occupancy classification to a higher hazard level based on Tables 912.4, 912.5, and 912.6 of the International Existing Building Code will require an evaluation be performed by a registered design professional prior to the application for occupancy being processed by this department. The evaluation should include plans of the entire building identifying the area intended to be occupied and all access to and egress from the space and a letter specifically identifying the tables referenced. The design professional should verify that the building meets all applicable building codes and identify any existing non compliant issues with a proposal to resolve them. The analysis will be reviewed by department staff to verify that the proposal is code compliant.

OFFICE USE ONLY

Zoning District: _____ BOZA approval req. Conditional use approval req. Date of approval _____ Expiration _____

Existing occupancy classification _____ Proposed occupancy classification _____ Change of use analysis required

Parking spaces provided: _____ Parking spaces required: _____ Variance required for parking

Inspections Required: No inspections required Construction Plumbing Electrical Capacity calculation/placard required

FEES

Residential New Construction \$55.00/unit _____ (all insp) Commercial Change of Use \$105.00 _____ (all insp)
Commercial Level III alterations, additions, new \$210.00 _____ (all insp) Commercial Change of Operator \$55.00 _____ (no insp)
Commercial Change of Occupancy Classification \$210.00 _____ (all insp) Temporary Occupancy \$210.00 _____ (all insp)

Property Address: _____ Permit Number: _____

Occupancy Inspection Report

Class of construction

Type I-A Type I-B Type II-A Type II-B Type III-A Type III-B Type IV Type V-A Type V-B

Number of stories? _____

Does the building have a:

- fire suppression system _____
- kitchen hood suppression system _____
- boiler or refrigeration system _____
- area of hazard material storage _____
- an elevator _____

Is there more than one tenant/occupancy in this building? _____

List other known occupancy classifications within the building.

Inspection Notes

Inspection: Construction Plumbing Electrical Fire Department

Result: Passed Failed Conditionally Approved

Inspector: _____ Date: _____