

# CERTIFICATE OF COMMERCIAL OCCUPANCY APPLICATION



|                       |
|-----------------------|
| Staff Use Only        |
| Submittal date: _____ |
| Permit #: _____       |

**THIS APPLICATION IS NOT AN  
APPROVED PERMIT**

City of Mayville  
15 South School Street  
Mayville, WI 53050  
(920) 387-7900

**APPLICATION FEE: \$**  
*Application fee to be paid upon submittal*

**Permit requirements:** Fire and Building (Property, Mechanical, Electrical, Plumbing) inspections are required prior to issuance of the Certificate of Commercial Occupancy or Business License. This application is NOT a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is non-refundable. This application will expire in sixty (60) days from date of submittal. Failure to comply with these regulations will result in a penalty (City Code: Article XXI, 430-142). Commercial Occupancy can be denied/delayed if listed individual(s) in this application are indebted to the city for any fees arising from any services provided to them by the City of Mayville.

**REASON FOR APPLICATION:** **OCCUPANCY TYPE:**

|   |  |                                      |                                    |                                     |                                  |
|---|--|--------------------------------------|------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> New occupancy          | <input type="checkbox"/> New ownership | <input type="checkbox"/> Retail      | <input type="checkbox"/> Resale    | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Service |
| <input type="checkbox"/> Temporary/Seasonal     | <input type="checkbox"/> Expansion     | <input type="checkbox"/> Office      | <input type="checkbox"/> Religious | <input type="checkbox"/> Industrial |                                  |
| <input type="checkbox"/> Relocation from: _____ |  | <input type="checkbox"/> Other _____ |                                    |                                     |                                  |

**BUSINESS & APPLICANT INFORMATION**

|                             |                          |
|-----------------------------|--------------------------|
| Name of Business/Occupancy: | Description of business: |
|-----------------------------|--------------------------|

|                   |          |           |
|-------------------|----------|-----------|
| Building Address: | Suite #: | Zip code: |
|-------------------|----------|-----------|

|                 |                         |
|-----------------|-------------------------|
| Applicant name: | Applicant phone number: |
|-----------------|-------------------------|

|                            |           |
|----------------------------|-----------|
| Applicant mailing address: | Zip code: |
|----------------------------|-----------|

|                  |
|------------------|
| Applicant email: |
|------------------|

|  |  |
|--|--|
| Federal Employer Identification Number (FEIN): | Sellers Permit Number (if applicable): |
|--|--|

|                                 |          |        |
|---------------------------------|----------|--------|
| <b>Contact for inspections:</b> |          |        |
| Name:                           | Phone #: | Email: |

- YES, the occupancy / business involves the sale, storage, or use of the following (Please check all that apply below)
- Food sales/preparation     Poisonous or hazardous chemicals/acids     Outdoor seating     Outdoor storage
- Alcohol sales     Flammable or combustible liquids     Compressed gases

NO, the occupancy/business does NOT involve the sale, storage or use of the above mentioned.

A copy of the Sales Tax Certification is required when submitting an application for Commercial Occupancy.

Sales Tax Number: \_\_\_\_\_ - \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Typical hours of operation: \_\_\_\_\_

SITE INFORMATION

Site Parcel #: Property owner name:

Property owner mailing address: Zip code:

Property owner email: Property owner phone number:

Will you be making structural interior or exterior changes to the site? Yes No If so, list the changes:

Additional plumbing fixtures added? Yes No If so, list the changes:

Have you applied for building permits? Yes No If so, when:

Square footage of space to be occupied by applicant: SQ Number of parking spaces available to applicant

A Site Plan is required when submitting an application of Commercial Occupancy.

As APPLICANT for a Certificate of Commercial Occupancy and/or Business License, I certify under penalty of perjury that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Mayville, Wisconsin.

I, (Printed name of applicant) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate.

Applicant signature Date:

As BUILDING OWNER of the subject property, I certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Mayville, Wisconsin.

I, (Printed name of building owner) certify under penalty of perjury that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate. I am authorized to and do consent entry onto the premises by City of Mayville employees for inspections of the premises.

Building owner signature Date:

This application is NOT a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is non-refundable. This application will expire in 60 days from date of submittal.

