

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

Name of Business/Occupancy:	Description of business:
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Building Address:	Suite #:	Zip code:
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Applicant name:	Applicant phone number:
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Applicant mailing address:	Zip code:
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Applicant email:

Federal Employer Identification Number (FEIN):	Sellers Permit Number (if applicable):
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Contact for inspections:		
Name:	Phone #:	Email:

- YES, the occupancy / business involves the sale, storage, or use of the following (Please check all that apply below)
- | | | | |
|-------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Food sales/preparation | <input type="checkbox"/> Poisonous or hazardous chemicals/acids | <input type="checkbox"/> Outdoor seating | <input type="checkbox"/> Outdoor storage |
| <input type="checkbox"/> Alcohol sales | <input type="checkbox"/> Flammable or combustible liquids | <input type="checkbox"/> 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.

****This page for office use only****

This page **MUST** be submitted with pages 1 and 2 of the Commercial Occupancy application.

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ENGINEERING, PLANNING & ZONING DEPARTMENT:

_____ Approved _____ Denied If denied, the reason: _____
Zoning District: _____ Building Use: _____ Principal Use Conditional Use
Historical District: Yes No TIF District: _____ Modifications to Site: Yes No
If yes, site plan submitted? Yes No
Notes: _____
Staff approved: _____ Date: _____

WATER/WASTE WATER DEPARTMENT:

_____ Approved _____ Denied If denied, the reason: _____
Industrial Strength Waste Discharge: Yes No
Cross Connection Present: Yes No
Staff approved: _____ Date: _____

FIRE DEPARTMENT:

_____ Approved _____ Denied If denied, the reason: _____
Notes: _____
Staff approved: _____ Date: _____

BUILDING DEPARTMENT: (Property, Electrical, Plumbing, Mechanical)

_____ Approved _____ Denied If denied, the reason: _____
Notes: _____
Staff approved: _____ Date: _____

TREASURER'S DEPARTMENT:

_____ Approved _____ Denied If denied, the reason: _____
Notes: _____
Staff approved: _____ Date: _____

MAYOR'S OFFICE:

_____ Approved _____ Denied If denied, the reason: _____
Notes: _____
Staff approved: _____ Date: _____

