



15 South School Street, PO box 273, Mayville WI 53050
Phone: 920.387.7900 Fax: 920.387.7919
WWW.MAYVILLECITY.COM

COMMERCIAL OCCUPANCY APPLICATION – Chapter 430-142 City of Mayville Municipal Code

Fee: \$300 (Includes fire, water/wastewater, engineering, and planning/zoning inspections. Any building inspection fee will be billed separately.)

An occupancy permit provides quality assurance that a building or part of a building is in substantial compliance with minimum health and safety regulations. It is unlawful to use or permit the use of any building or premises without first obtaining a certificate of occupancy. A certificate of occupancy is required for all commercial buildings and any addition, change of use, business, or tenant in a commercial building.

Permit Requirements: Inspections are required prior to issuance of the Certificate of Commercial Occupancy. This application does not serve as a permit and the premises shall not be occupied until all required inspections are made and discrepancies (if any) are corrected. Application fees are non-refundable. Failure to comply with these regulations will result in a penalty per city code, article XXI, 430-142. Commercial Occupancy can be denied/delayed if individuals in this application are indebted to the City of Mayville for any fees arising from services provided.

Reason for Application:

- New Occupancy
- New Ownership
- Temporary/Seasonal
- Expansion
- Relocation from: _____

Occupancy Type:

- Retail
- Office
- Resale
- Religious
- Restaurant
- Industrial
- Service
- Other _____

Name of Business: _____

Description of Business: _____

Building Address: _____



15 South School Street, PO box 273, Mayville WI 53050
Phone: 920.387.7900 Fax: 920.387.7919
WWW.MAYVILLECITY.COM

Applicant Name: _____ Phone: _____

Applicant Mailing Address: _____

Federal Employer Identification Number (FEIN): _____

Seller's Permit Number (if applicable): _____

Parcel ID # _____

Contact for Inspections

Name: _____ Phone: _____ E-mail: _____

Does this business/occupancy involve the sale, storage, or use of any of the following:

- Food Sales/Preparation
- Poisonous or Hazardous Chemicals/Acids
- Outdoor Seating
- Outdoor Storage
- Alcohol Sales
- Flammable or Combustible Liquids
- Compressed Gases

A COPY OF THE SALES TAX CERTIFICATION IS REQUIRED WHEN SUBMITTING AN APPLICATION FOR COMMERCIAL OCCUPANCY.

Sales Tax Number: _____

Number of Employees: _____ Hours of Operation: _____

Site Parcel I.D.: _____ Name of Owner: _____

Owner Mailing Address: _____

Owner E-Mail: _____ Owner Phone: _____

Will you be making structural interior or exterior changes to the site? Yes No

Will additional plumbing fixtures be added? Yes No

If yes, please describe: _____

Square footage of space to be occupied by applicant: _____



15 South School Street, PO box 273, Mayville WI 53050
 Phone: 920.387.7900 Fax: 920.387.7919
WWW.MAYVILLECITY.COM

How many parking spaces are available? _____

**A SITE PLAN IS REQUIRED WHEN SUBMITTING AN APPLICATION
 OF COMMERCIAL OCCUPANCY**

As APPLICANT for the Certificate of Commercial Occupancy, 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 provide exemption from local, state or federal requirements in any way and I must comply with all codes, ordinances, and regulations.

I, _____ (printed name), certify that all of the above statements and the statements contained in any submissions herein 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 provide exemption from local, state or federal requirements in any way and I must comply with all codes, ordinances, and regulations.

I, _____ (printed name), certify that all of the above statements and the statements contained in any submissions herein are true and accurate.

Building Owner Signature _____ Date _____

CITY HALL - OFFICE USE ONLY			
Date Received		Payment Date	
Date Approved		Payment Type	
Occupancy License No.			
Clerk Signature & Date			



15 South School Street, PO box 273, Mayville WI 53050
Phone: 920.387.7900 Fax: 920.387.7919
WWW.MAYVILLECITY.COM

FOR OFFICE USE ONLY

DEPARTMENTAL REVIEWS AND INSPECTIONS

Engineering, Planning & Zoning

Zoning District: _____ Building Use: _____ Principal ___ Conditional ___
Historical District: ___ Yes ___ No TIF District: _____
Modifications to Site: ___ Yes ___ No _____
Site Plan Submitted: ___ Yes ___ No _____
Notes: _____

Signature _____ Date _____ Approved ___ Denied ___

Water/Wastewater Department

Cross Connection Inspection Date: _____ Reinspection Due: _____
Industrial Strength Waste Discharge Present: ___ Yes ___ NO _____

Signature _____ Date _____ Approved ___ Denied ___

Fire Department

Notes: _____

Signature _____ Date _____ Approved ___ Denied ___

Treasurer's Department

Notes: _____

Signature _____ Date _____ Approved ___ Denied ___

Mayor's Office

Notes: _____

Signature _____ Date _____ Approved ___ Denied ___

Building Department- FINAL APPROVAL

Notes: _____

Signature _____ Date _____ Approved ___ Denied ___