



CITY OF WAUWATOSA  
**BUILDINGS & SAFETY DIVISION**  
 7725 WEST NORTH AVENUE  
 WAUWATOSA, WISCONSIN 53213  
 (414) 479-8907 PHONE  
 (414) 479-8986 FAX

# OCCUPANCY

## PERMIT APPLICATION

www.wauwatosa.net (permits & licenses/building permits)

Permit No.

**OC**

Issued

**Call for Inspection: 8:00-9:00 a.m. or 1:00-1:30 p.m.**  
 48 HOUR ADVANCE NOTIFICATION REQUIRED!

**SCHEDULING INSPECTIONS**  
 414-479-8907

Wauwatosa Business Address	Suite/Unit/Floor	Tenant is <input type="checkbox"/> New <input type="checkbox"/> Existing
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Wauwatosa Business Name	Business Phone
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Permit Type & Fees - <i>make checks payable to City of Wauwatosa</i> <input type="checkbox"/> Apartments @ \$50 per unit <input type="checkbox"/> Hotel/Motel @ \$50 per unit <input type="checkbox"/> Residential @ \$50 <input type="checkbox"/> Business & Office @ \$100 <input type="checkbox"/> Manufacturing/Industrial @ \$150 <input type="checkbox"/> Temporary @ \$80	Mayfair Mall <input type="checkbox"/> Store <input type="checkbox"/> Cart/Kiosk	Estimated Move-in Date
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Square Footage: <input type="checkbox"/> Gross <input type="checkbox"/> Leasable	Space Is <input type="checkbox"/> Sprinklered <input type="checkbox"/> Unsprinklered	Previous Occupant (if known)
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Brief description of use:

Category of permit use: <input type="checkbox"/> Beauty Services <input type="checkbox"/> Financial Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Retail Sales <input type="checkbox"/> Child Care/Day Care <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Medical Services <input type="checkbox"/> Telecommunications <input type="checkbox"/> Computer Services <input type="checkbox"/> Gas Station <input type="checkbox"/> Office & Administration <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Employment Services <input type="checkbox"/> Health Services <input type="checkbox"/> Real Estate Services <input type="checkbox"/> Other	Do you plan to alter any of the following? <input type="checkbox"/> Building Exterior <input type="checkbox"/> HVAC System <input type="checkbox"/> Building Interior <input type="checkbox"/> Plumbing System <input type="checkbox"/> Exterior Signs <input type="checkbox"/> Fire Protection System <input type="checkbox"/> Electrical System <input type="checkbox"/> On-site Parking
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*Please be advised that approvals and permits are required **BEFORE** the commencement of any work involving the enlargement, alteration or demolition of any building, premises or portion thereof or to install exterior signage.*

Applicant	Applicant's Phone
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Address	Applicant's Fax
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City	State	Zip	Contact Person
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Owner of Business (Registered Agent)	Corporation or LLC #	Owner's Phone
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Address	Owner's Fax
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City	State	Zip	Contact Person
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*It is hereby agreed between the undersigned and the City of Wauwatosa that all work performed as herein described, according to the plans and specifications herewith presented, shall be completed in strict compliance with the ordinances of the City of Wauwatosa and all laws of the State of Wisconsin. By signing this permit application, it is understood that a contract exists between the owner and the City of Wauwatosa and guarantees the right to enter for required inspections and investigations. Applicant is obligated to ensure final inspection is made.*

Applicant Print Name	Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent <input type="checkbox"/> Contractor
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Applicant Signature	Date
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**DO NOT FILL IN BELOW - DEPARTMENT USE ONLY**

Zoning District:	✓ APPROVALS, INITIAL & DATE	INSPECTION REQUESTED	
Zoning Use Number:	<input type="checkbox"/> Building	Date:	<input type="checkbox"/> 10-11:45
<input type="checkbox"/> Permitted Use <input type="checkbox"/> Special Use	<input type="checkbox"/> City Clerk	Day:	<input type="checkbox"/>
<input type="checkbox"/> Conditional Use <input type="checkbox"/> Parking	<input type="checkbox"/> Electrical	✓ COPIES FORWARDED	
Zoning Approval:	<input type="checkbox"/> Engineering	<input type="checkbox"/> Building Inspector	<input type="checkbox"/> Plumbing Inspector
Maximum Capacity:	<input type="checkbox"/> Fire	<input type="checkbox"/> Electrical Inspector	<input type="checkbox"/> Fire Inspector
Type of Construction:	<input type="checkbox"/> Plumbing	FEE RECEIVED \$	
Permit Approval & Date	Revised January 2008	Receipt #	
		Date:	
		<input type="checkbox"/> Fee Added to Building Permit	