



VILLAGE OF CALEDONIA  
 5043 CHESTER LANE • RACINE, WI 53402  
 PHONE (262) 835-6420

**APPLICATION FOR OCCUPANCY PERMIT**

Permit No.
Parcel No.
Receipt No.

<b>Tenant Contact Name</b>		Tenant Contact Email	
Tenant Contact Mailing Address, City, State & Zip		Tenant Contact Phone (    )	
<b>Tenant's Business Name</b>		Tenant's Business Email	
Tenant's Business Mailing Address, City, State & Zip		Tenant's Business Phone (    )	
<b>Property Owner's Name</b>		Property Owner's Email	
Property Owner's Mailing Address, City, State & Zip		Property Owner's Phone (    )	

**PROJECT ADDRESS:**

**EXPLANATION OF BUSINESS TYPE AND PROPOSED USE**


The undersigned hereby attests to the above information as accurately describing the premises and proposed occupancy to the best of his/her knowledge and that he/she has the permission of the owner(s) or agent to make this application and allow all necessary inspections of the premises. Any falsification or misinformation may result in enforcement of penalties prescribed in the Village Code of Ordinances. The undersigned understands that completion of this completion of this form does not allow occupancy of the premises.

**PRINT CONTACT PERSON** \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ Date \_\_\_\_\_

OCCUPANCY TYPE:	FEES:	PAYMENT TYPE:	
New Commercial Occupancy (per unit)	Amount Due..... \$282.50	Cash	<input type="checkbox"/> Date: _____
Non-Residential Change of Occupancy (per unit)	Amount Due..... \$282.50	Check	<input type="checkbox"/> Date: _____
Temporary Occupancy (per unit)	Amount Due.....\$101.70	Credit / Debit	<input type="checkbox"/> Date: _____