

VILLAGE OF CALEDONIA

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

Permit No.
Parcel No.
Receipt No.

APPLICATION FOR OCCUPANCY Receipt No.

Tenant Contact Name	Tenant Contact Email					
Tenant Contact Mailing Address, City, State & Z	ip		Ten	ant Conta	ict Phone	
			()		
Tenant's Business Name		Tenant's Business En	nail			
Tenant's Business Mailing Address, City, State 8	& Zip		Ten	ant's Busi	ness Phone	
			()		
Property Owner's Name		Property Owner's Em	ail			
Property Owner's Mailing Address, City, State &	Zip		Pro	perty Owr	ner's Phone	
3	•		()		
PROJECT ADDRESS:						
FINOSEO I ADDINESO:						
EXPLANATION OF BUSINESS TYPE AND PROPOSED USE						
EXPLANATION OF BUSINESS TIPE AND PROPUSED USE						
The condension of beauty office to the choice inf		9-i 41i d			41 1 4 f 1-:-/1	
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 do	es not allow occupancy of the	e premises.				
PRINT CONTACT PERSONPhone ()						
CIONATURE OF ARRUGANT						
SIGNATURE OF APPLICANT Date						
OCCUPANCY TYPE: FEES: PAYMENT TYPE:						
				PATIME	NI ITPE:	
New Commercial Occupancy (per unit)	Amount Due	\$285.00	Cash		Date:	
Non-Residential Change of Occupancy (per unit)	Amount Due	¢ ኃዩ <u>ፍ</u> በበ	Check		Date:	
(per unit)			OHEUK		Date	
Temporary Occupancy (per unit)	Amount Due	\$285.00	Credit / Debit		Date:	
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Contact Building Inspection Dena	rtment @262-835-6435 for in	spections needed to re-	ceive Certificate	of Occur	nancy	