



TOWN OF BUCHANAN  
TOWN HALL  
N178 COUNTY ROAD N  
APPLETON, WISCONSIN 54915  
(920) 734-8599 PHONE  
(920) 734-9733 FAX

# OCCUPANCY PERMIT APPLICATION

[www.townofbuchanan.org](http://www.townofbuchanan.org)

Permit No. **OC**

Issued

**Call for Inspection**  
**48 HOUR ADVANCE NOTIFICATION REQUIRED!**  
See contact info below

Buchanan Business Address	Suite/Unit/Floor	Tenant is <input type="checkbox"/> New <input type="checkbox"/> Existing
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Buchanan Business Name	Business Phone
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Estimated Move-in Date	Federal Tax Identification Number	State Sales Tax Number
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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"/> Child Care/Day Care <input type="checkbox"/> Computer Services <input type="checkbox"/> Employment Services <input type="checkbox"/> Financial Services <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Gas Station <input type="checkbox"/> Health Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Office & Administration <input type="checkbox"/> Real Estate Services <input type="checkbox"/> Retail Sales <input type="checkbox"/> Telecommunications <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Other	Do you plan to alter any of the following? <input type="checkbox"/> Building Exterior <input type="checkbox"/> Building Interior <input type="checkbox"/> Exterior Signs <input type="checkbox"/> Electrical System <input type="checkbox"/> HVAC System <input type="checkbox"/> Plumbing System <input type="checkbox"/> Fire Protection 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 Information

Applicant		Applicant's Phone	
Address		Applicant's Email	
City	State	Zip	Contact Person

## Owner Information (if different than Applicant)

Owner of Business (Registered Agent)	Corporation or LLC #	Owner's Phone
Address		Owner's Email
City	State	Zip

*It is hereby agreed between the undersigned and the Town of Buchanan 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 Town of Buchanan 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 Town of Buchanan 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"/> Agent <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor
Applicant Signature	Date

### LEAVE BLANK – FOR TOWN USE ONLY

Zoning District:	<input checked="" type="checkbox"/> COPIES FORWARDED	<input checked="" type="checkbox"/> APPROVALS, INITIAL & DATE
Maximum Capacity:	<input type="checkbox"/> Building Inspector Date:	<input type="checkbox"/> Building Inspector Date:
INSPECTION REQUESTED	<input type="checkbox"/> Fire Inspector Date:	<input type="checkbox"/> Occupant Date:
Date:	TO SCHEDULE BUILDING INSPECTION CALL 920-858-0102	
Time:		

FEE RECEIVED \$	RECEIPT #	Date:	<input type="checkbox"/> Fire Inspector Date:
<input type="checkbox"/> Fee Added to Building Permit		Permit Approval & Date	<input type="checkbox"/> Occupant Date:
			TO SCHEDULE FIRE INSPECTION CALL 920-734-8599