## OCCUPANCY

Permit No.

Town of	OCCUPANCY							OC				
TOWN OF BUCHANAN			PERMIT					Issued				
TOWN HALL		www.townofbuchanan.org										
N178 COUNTY ROAD N APPLETON, WISCONSIN 54915	Call for Inspection							DIA	la considera con			
(920) 734-8599 PHONE (920) 734-9733 FAX	48 F	48 HOUR ADVANCE NOTIFICATION REQUIRED  See contact info below						Parcel Number:				
Buchanan Business Address	<u> </u>					<del>- 11</del>	Suite/U	nit/Floor			Tenant is	
											<ul><li>□ New</li><li>□ Existing</li></ul>	
Buchanan Business Name								s Phone			L LXISTING	
Estimated Move-in Date	imated Move-in Date Federal Ta				x Identification Number			State Sales Tax Number				
Square Footage:		Space Is Previous Occupant (if kn					/n)					
☐ Gross			☐ Sprinklered									
Brief description of use:	☐ Leasable		Unsprinklere	ed								
bilei description of use.												
Land Use:									an to alter any of		-	
	Financial Service		☐ Legal Se ☐ Medical Se			☐ Retail Sales	antions					
				Services     Telecommunicat   Administration   Warehouse/Store								
☐ Employment Services ☐ Health Services ☐ Real Est			ate Services				☐ Electric	cal System	☐ On-site	Parking		
Please be advised that approvals	and parmits are	roquirod	REEODE #	ha con	nmancam	ent of any work in	volvina the		of Improvemen		any huilding	
premises or portion thereof or to i												
Applicant Information	1											
Applicant							Applica	nt's Phone				
Address								nt's Email				
City State					Zip			Contact Person				
Owner Information (if	Owner Information (if different than Applicant)											
Owner of Business (Registered Agent)  Corporation or LLC #  Owner's Phone												
Address				Ом			Owner's	Owner's Email				
City			State			Zip		Contact Person				
It is hereby agreed between the unders completed in strict compliance with the												
the owner and the Town of Buchanan a										ade.		
Applicant Print Name										Applicant i		
A 1' 10' 1									I n ı	☐ Agent	☐ Contractor	
Applicant Signature									Date			
		15			ANK – FOR	TOWN USE ONLY						
Zoning District:			✓ COPIES FORWARDED					✓ APPROVALS, INITIAL & DATE				
Maximum Capacity:		☐ Zoning Administrator Date:						☐ Zoning Administrator			Date:	
INSPECTION REQUESTED	☐ Fire Inspector Date:						☐ Occupant Date:  IF SITE IMPROVEMENTS ARE MADE CALL FOR INSPECTION					
Date:							920-734					
Time:	RECEIPT#							lnane -t- :		Det		
FEE RECEIVED \$			Date:			☐ Fire Inspector ☐ Occupant			Date:			
State Approval Letter and Plan	ns Received and	Attache	ed:				TO COL	ipant	INCRECTION CAL	Date:	500	