OCCUPANCY
PERMIT APPLICATION
www.townofbuchanan.org

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

| Permit No. | **OC** |
| Issued | |

Call for Inspection
48 HOUR ADVANCE NOTIFICATION REQUIRED!

SCHEDULING INSPECTIONS
920-858-0102

Buchanan Business Address	Suite/Unit/Floor	Tenant is ☐ New ☐ Existing
Buchanan Business Name	Business Phone	

Estimated Move-in Date	Federal Tax Identification Number	State Sales Tax Number

Square Footage: ☐ Gross ☐ Leasable	Space Is ☐ Sprinklered ☐ Unsprinklered	Previous Occupant (if known)

Brief description of use:

Category of permit use:

☐ Beauty Services	☐ Financial Services	☐ Legal Services	☐ Retail Sales
☐ Child Care/Day Care	☐ Food & Beverage	☐ Medical Services	☐ Telecommunications
☐ Computer Services	☐ Gas Station	☐ Office & Administration	☐ Warehouse/Storage
☐ Employment Services	☐ Health Services	☐ Real Estate Services	☐ Other

Do you plan to alter any of the following?

☐ Building Exterior	☐ HVAC System
☐ Building Interior	☐ Plumbing System
☐ Exterior Signs	☐ Fire Protection System
☐ Electrical System	☐ On-site Parking

*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	Contact Person

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 ☐ Owner ☐ Tenant ☐ Agent ☐ Contractor

Applicant Signature	Date

LEAVE BLANK – FOR TOWN USE ONLY

Zoning District:	✓ COPIES FORWARDED	✓ APPROVALS, INITIAL & DATE
Maximum Capacity:	☐ Building Inspector	☐ Building
INSPECTION REQUESTED	☐ Fire Inspector	☐ Fire
Date:		
Time:		**FEE RECEIVED $**
Permit Approval & Date		Receipt #
		Date:
		☐ Fee Added to Building Permit

BPI-130 Occupancy Permit Application (Rev. 3-19-2019)   ☐ Town Copy (Original)   ☐ Inspector Copy   ☐ Owner/Applicant Copy