FORT • ATKINSON

DEPARTMENT OF BUILDING AND ZONING
APPLICATION FOR CERTIFICATE OF OCCUPANCY
(THIS FORM IS ONLY REQUIRED FOR COMMERCIAL/INDUSTRIAL OCCUPANCIES)

PROJECT ADDRESS: _____ PERMIT # _____

1. Owner Applicant ☐			**2. Tenant** Applicant ☐ Same as Owner ☐		
First Name	Last Name		First Name	Last Name	
First Name	Last Name		First Name	Last Name	
Company Name			Company Name		
Address			Address		
City	State	ZIP+4 (9 digits)	City	State	ZIP+4 (9 digits)
Phone Number (area code)	Mobile (area code)		Phone Number (area code)	Mobile (area code)	
Fax (area code)	Email		Fax (area code)	Email	
3. Emergency Contact/Keyholder (must list 2)			**4. Sprinkler System Yes ☐ No ☐ Auto ☐ Manual ☐**		
Emergency Contact 1			Monitoring Agency Company Name		
Phone Number			Address		
Emergency Contact 2			City	State	ZIP+4 (9 digits)
Phone Number			Phone Number (area code)		
			Location of Fire Alarm Panel in Building	Email	
			Location of Annunciator Panel		
			Location of outside Fire Department Connection		

5. New Building or Space ☐ New Tenant With Use Change ☐ New Tenant No Use Change ☐

Prior Use of Premises	
Proposed Use of Premises (Use separate sheet if necessary)	
Square Feet of Proposed Use	Floor Level(s) of Proposed Use Location (i.e. basement, 1st floor, etc.)
Proposed Number of Employees	Proposed Number of Customers or Patrons
Hours of Operation	Do Cleaning, Maintenance, or Other Personnel Have After Hours Access To Building Yes ☐ No ☐ (If yes, provide details on separate sheet)
Number of Non-Accessible (Handicap) Off Street Parking Stalls	Number of Accessible (Handicap) Off Street Parking Stalls
Interior Emergency/Security Lights Yes ☐ No ☐	Exterior Emergency/Security Lights Yes ☐ No ☐
Type of Heating System and Location of Equipment	
Location of Gas Shut Off	
Location of Electrical Distribution Panel	
Location of Building Main Electrical Disconnect	
Sprinkled Yes ☐ No ☐ If Yes, Location of Sprinkler Main Shut Off	
Hazardous Materials Present Yes ☐ No ☐ (If Yes, please list types of materials, quantities, and location on separate sheet).	
Firearms Present Yes ☐ No ☐ (If Yes, please list types of firearms, quantities, and location on separate sheet).	
Animals Present Yes ☐ No ☐ (If Yes, please list types of animals, quantities, and location on separate sheet).	
Knox Box Present Yes ☐No ☐(If Yes, a key to the business will need to be provided to the FD to place in the Knox Box.	

Items required for a Certificate of Occupancy– No Change in Use

1. ☐ Completed Occupancy Permit Application

Items required for a Certificate of Occupancy– New Building, Addition, Remodeling and/or Change in Use

1. ☐Completed Occupancy Permit Application
2. ☐Proivide electronic copies of the floor plan, drawn to scale (if not already submitted for construction permitting)
   NOTE: Additional documentation and review may be required for or assembly occupancies, or occupancies serving or selling alcohol.
   NOTE: Additional documentation, such as a site plan, and additional review may be required to verify compliance with minimum off-street parking requirements.
3. ☐For warehouse, manufacturing or similar use, documentation of the type and quantities of commodities and or materials that will be stored or manufactured on site.
4. ☐For warehouse, manufacturing or similar use, documentation of storage methods (i.e. amount and height of storage, fire protection systems that are existing and/or proposed, etc.)
5. ☐Provide all appropriate keys to access the exterior and interior of the building to the Fort Atkinson Fire Department.
6. Does building have an elevator? ◯Yes ◯ No What is the location of the elevator? _____ Date of last inspection? _____
7. ☐For new construction, the owner and/or applicant is responsible to pick up and install a water meter no later than twenty (20) days following the commencement of installation of insulation within the building, or prior to installing landscaping, whichever comes first. The water meter must be commissioned by the Water Utility after it is installed. Please contact the Water Utility for commissioning of the water meter at 920-397-9902.
8. ☐A Certificate of Occupancy **will not** be issued if there are any outstanding taxes, liens, fees or code violations against the property.
9. Wastewater Grease Trap Inspection. Date completed _____
10. Water Department Cross-Connection Inspection Report. Date completed_____
11. Fire Department Fire Inspection. Date completed _____ Inspection Report ◯Yes ◯No

This application is required in addition to any application(s) submitted for Building, Electrical, Plumbing, HVAC, and/or Fire Protection work being done in advance of the proposed use of the space. The issuance of a Permit for said work does not imply or guarantee the issuance of an Occupancy Permit.

Any building or space must meet all applicable Federal, State and Local Code and Ordinance requirements for its intended use.

5. Statement of Owner or Owner's Authorized Agent

I represent and warrant that I am the owner or the owner's authorized agent and I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the information within this application is accurate. I expressly grant the building inspector, fire inspector, or the inspectors' authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect for compliance within the scope of this application. Furthermore, I represent and warrant that I will provide a copy of this Application for Permit to all parties identified in sections 1 through 4 on this application and that an amended permit application will be filed with the Building Inspector if any of the parties identified in sections 1 through 4 on this application change in place of the identified party. If filing electronically, I agree to the terms and conditions of the Application for Permit and further agree that submitting electronically constitutes my signature for purposes of the Application for Permit, and that such electronic signature shall be legally binding as though executed in person.

Owner or Owner's Authorized Agent's Signature	**Print**	**Date**
_____	_____	_____

Office Use Only

Inspector's Name	**Credential Number**	**Date**
_____	_____	_____

Permit Fees $_____ Receipt #_____

Fire Department Review Required	**☐Yes**	**☐No**	**Police Department Review Required**	**☐Yes**	**☐No**
Public Works Department Review Required	**☐Yes**	**☐No**	**Planning/Development Review Required**	**☐Yes**	**☐No**
Clerk/Finance Review Required	**☐Yes**	**☐No**	**Outstanding Taxes/Liens/Fees**	**☐Yes**	**☐No**
Water Utility Review Required	**☐Yes**	**☐No**	**Wastewater Utility Review Required**	**☐Yes**	**☐No**

Notes: _____

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