

**CITY OF SOUTH MILWAUKEE
2424 FIFTEENTH AVENUE
SOUTH MILWAUKEE, WI 53172**

DATE _____

APPLICATION FOR OCCUPANCY PERMIT

NAME OF BUSINESS: _____

STATE IN DETAIL TYPE OF OCCUPANCY OR WORK TO BE PERFORMED: _____

BUSINESS ADDRESS: _____

BUSINESS OWNER: _____ PHONE: _____

HOME ADDRESS: _____

MANAGER'S NAME: _____ PHONE: _____

HOME ADDRESS: _____

OWNER OF BUILDING: _____ PHONE: _____

OWNER'S ADDRESS: _____

PERMIT FEE: \$75.00

NAME: _____

ADDRESS: _____

PHONE NO: _____

Permit will be issued upon completion of inspections and compliance with Municipal Codes.

