
OCCUPANCY PERMIT APPLICATION

Business Purpose: _____

Business Name: _____

Business Address: _____

City, ST Zip: _____

Weights & Measures: # of Scales: _____ # of Scanners: _____

Business Contact Name: _____

Contact Address: _____

City, ST Zip: _____

Contact Phone: _____

Contact Email: _____

INSPECTOR WILL CALL FOR ALL REQUIRED INSPECTIONS.

The undersigned hereby applies for a permit to occupy a commercial location. The undersigned must comply with the ordinances of the City of Sheboygan and obey any and all lawful orders of the Inspector of Buildings of the City of Sheboygan. The privilege as granted above is granted only on the condition that by the acceptance of the privilege, the said undersigned, shall become primarily responsible and liable for all and any damage to persons or property caused by and arising from the grant and exercise of such privilege.

Property Owner Signature: _____

Print Name: _____

Address: _____

City, ST Zip: _____

Phone No: _____

<p>PLEASE The property owner is required to fix all violations found during inspections EVEN IF A SALE NOTE: or TENANT OCCUPANCY DOES NOT OCCUR.</p>
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