



VILLAGE OF CALEDONIA
 5043 CHESTER LANE • RACINE, WI 53402
 PHONE (262) 835-6420

APPLICATION FOR OCCUPANCY PERMIT

Permit No.
Parcel No.
Receipt No.

Tenant Contact Name		Tenant Contact Email	
Tenant Contact Mailing Address, City, State & Zip		Tenant Contact Phone ()	
Tenant's Business Name		Tenant's Business Email	
Tenant's Business Mailing Address, City, State & Zip		Tenant's Business Phone ()	
Property Owner's Name		Property Owner's Email	
Property Owner's Mailing Address, City, State & Zip		Property Owner's Phone ()	

PROJECT ADDRESS:

EXPLANATION OF BUSINESS TYPE AND PROPOSED USE	

The undersigned hereby attests to the above information as accurately describing the premises and proposed occupancy to the best of his/her knowledge and that he/she has the permission of the owner(s) or agent to make this application and allow all necessary inspections of the premises. Any falsification or misinformation may result in enforcement of penalties prescribed in the Village Code of Ordinances. The undersigned understands that completion of this completion of this form does not allow occupancy of the premises.

PRINT CONTACT PERSON _____ Phone () _____

SIGNATURE OF APPLICANT _____ Date _____

OCCUPANCY TYPE:	FEES:	PAYMENT TYPE:	
New Commercial Occupancy (per unit)	Amount Due..... \$285.00	Cash	<input type="checkbox"/> Date: _____
Non-Residential Change of Occupancy (per unit)	Amount Due..... \$285.00	Check	<input type="checkbox"/> Date: _____
Temporary Occupancy (per unit)	Amount Due.....\$285.00	Credit / Debit	<input type="checkbox"/> Date: _____