

TOWN OF LISBON

Building Inspection Dept.
(Complete all sections)

W251N8924 Crestwood Dr., Sussex, WI (262)844-1594
Make checks payable to The Town of Lisbon

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Number: _____ Date: _____

FEE: 200.00

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

APPLICANT: _____ BUSINESS NAME: _____

HOME ADDRESS: _____ HOME PHONE: _____

PROPERTY OWNER: _____ ADDRESS: _____

PREVIOUS USE OF BUILDING: _____

PROPOSED USE OF BUILDING: _____

FLOOR AREA OF BUILDING: _____ SQ. FT. AREA OF BUSINESS: _____ SQ. FT.

TOTAL NUMBER OF EMPLOYEES: _____

WILL THERE BE ANY STORAGE, USE OR HANDLING OF FLAMABLE LIQUIDS, GASES, SOLIDS OR EXPLOSIVES?

YES: _____ NO: _____ IF YES SPECIFY KIND AND QUANTITY _____

WILL THERE BE ANY OUTSIDE STORAGE OF GOODS, MATERIALS OR EQUIPMENT?

YES: _____ NO: _____ IF YES SPECIFY _____

THE CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL ALL INSPECTIONS ARE COMPLETED.

I HEREBY CERTIFY that I have examined this completed application and the statement therein are true and correct, and that all work shall be done in accordance with all applicable Town, County and State laws.

Signature of business owner or authorized agent

Print Full Name

DO NOT WRITE BELOW THIS LINE

ZONING: _____ CORRECTIONS AND/OR CONDITIONS: _____

	INSPECTOR	DATE
BUILDING		
FIRE PREVENTION		

WHEN PROPERLY VALIDATED (in this space) THIS IS YOUR PERMIT

Occupancy/Interim Occupancy Conditional Upon: _____

Validated By: _____ Date: _____ Permit #: _____