



City of Port Washington  
Department of Building Inspection

100 West Grand Avenue  
PO Box 307  
Port Washington, Wisconsin 53074  
262-268-4277 Fax 262-284-7669

Building Permit Application  
**Change of Occupancy**  
www.ci.port-washington.wi.us

<b>Business Address</b>				<b>Permit#</b>
<b>Business Name</b>	Phone Number	Business Owner's Name		Phone Number
<b>Business Owner's Home Address</b>		City	State	Zip Code
<b>Building Owner's Name</b>			Phone Number	
<b>Building Owner's Home Address</b>		City	State	Zip Code
<b>Describe Business in Detail</b>				
_____				
_____				
_____				
_____				

<b>Applicants's Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____

**The Business/Building owner applies for a permit to occupy the premises described herein for the uses and purposes as herein set forth and in strict accordance with all of the provisions of the City of Port Washington Municipal Code and the State of Wisconsin Administrative Code that may be applicable to said premise. The Business/Building Owner agrees that said premise will not be occupied until an Occupancy Permit has been approved.**

<b>Date Issued</b>	<b>Total Fee</b> <b>\$50.00</b>
_____	

<b>Zoning</b>	Approved _____ Disapprove _____ Reason _____
	_____
	<b>**All new or changed signs require a Sign Permit.</b>

<b>Code Violations</b>
_____
_____
_____
_____

Code Violations explained to \_\_\_\_\_ Days allowed to Correct Violation \_\_\_\_\_

Reinspection/compliance date \_\_\_\_\_

**YOU MUST CALL 262-268-4277 FOR RE-INSPECTION BEFORE OCCUPYING PREMISES**

<b>Approved</b> _____ <b>Building Inspector</b> _____ <b>Date</b> _____
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