



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

Business Address				Permit#
Business Name	Phone Number	Business Owner's Name		Phone Number
Business Owner's Home Address		City	State	Zip Code
Bulding Owner's Name			Phone Number	
Building Owner's Home Address		City	State	Zip Code
Describe Business in Detail				
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Applicants's Signature		Print Name		Date
<p>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 <u>will not be occupied until an Occupancy Permit has been approved.</u></p>				
Date Issued		Total Fee \$50.00		
Zoning	Approved _____ Disapprove _____ Reason _____ <hr/> **All new or changed signs require a Sign Permit.			
Code Violations				
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Code Violations explained to _____ Days allowed to Correct Violation _____ Reinspection/compliance date _____ <p style="text-align: center;">YOU MUST CALL 262-268-4277 FOR RE-INSPECTION BEFORE OCCUPYING PREMISES</p>				
Approved _____		Building Inspector _____		Date _____