

Fee:

Change of Owner - \$25 per Building

New Construction - \$100 per Building -

Building Addition - \$25 per units involved in building permit



Multi-Family Certificate of Occupancy & Zoning Permit Application

Please make fee payable to the Village of Weston

5500 Schofield Avenue, Weston, WI 54476

Phone: (715) 359-6114 Fax: (715) 359-6117

www.westonwisconsin.org

Revised 1/1/2010

Date _____

Apartment Name _____ Phone # _____

Apartment Address _____ Suite/Unit # _____

Mailing Address if different _____ Zip Code _____

Apartment Owner Name _____ Phone # _____

Apartment Owner Address _____ Zip Code _____

Previous Owner Name (if Applicable) _____ Phone # _____

Previous Owner Address _____ Zip Code _____

Property Owner Name _____ Phone # _____

Property Owner Address _____ Zip Code _____

Check all that apply:

New Construction Building Addition Change of Ownership (requires certificate of Occupancy only)

Number of Buildings _____ Number of Units/Building: _____

Number of bedrooms/unit _____

Does the building have a fire suppression system? If so, what type _____

Proposed date of opening/ownership change _____

Former apartment at this address _____

Will new signs be installed? Yes No If a sign is to be installed, a separate sign permit is required for each sign. If a sign contractor is to install the sign they must apply for the sign permit. If the sign is a lighted sign, an electrical permit is required to be applied for also as part of the sign permit application.

Name and Phone number of contact permit to arrange for inspection of building: _____

Name (please print) _____ Phone # _____

Two residential, local names & phone numbers of contact persons for Fire Department & EMPD to reach in case of fire or theft after hours:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

EXPLANATION AND PERMIT PROCESS

No new building and no existing building which is to be remodeled or relocated shall be issued a building permit until a zoning permits has been issued to certify that such construction or change would comply with the provisions of Chapter 94 (Zoning) and all state and local building codes. Buildings or spaces within buildings are not allowed to be occupied without a current Certificate of Occupancy issued in the name of the property owner occupying that building or space. Applications for occupancy certificate shall be made to the Zoning Administrator prior to or at the same time as an application for a building permit or prior to the commencement of any use not involving a building permit.

THIS IS AN APPLICATION AND RECEIPT AND NOT A PERMIT TO OCCUPY THE BUILDING.

To arrange an inspection, please call the Building Inspector at (715) 241-2616. Calls will be returned within 24 hours if the inspector is not in. Occupancy inspections are conducted by appointment. Twenty-four hours notice is required for an inspection. Inspections will be made within 72 hours after the notification of the completion, erection, alteration or relocation of the building or of intent to commence a use. If the building and its intended use of the premises comply with the requirements of Chapter 94 (Zoning) and all State and local building codes, a certificate of occupancy shall be issued. In some cases, a Temporary Occupancy Certificate may be issued for a period not to exceed 6 months during the completion of alterations or during partial occupancy of a building pending its permanent occupation. Such temporary permit shall not be issued except under such restrictions and provisions as will adequately ensure the safety of the occupants. A temporary permit shall be voided if the building fails to conform to the provisions of Chapter 94 (Zoning) to such a degree as to render it unsafe for the occupancy proposed. The certificate of occupancy will be mailed to the business at the mailing address provided and shall be posted in a conspicuous place at the site.

APPLICANT AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Village Ordinances and State Laws regulation zoning and building construction, electric installation and/or heating and air conditioning installation. I agree to comply with approved drawings and I understand that any deviation from the approved plans must be authorized by the approved of the revised plans, subject to the same procedure established for the examination of the original plans, and that an additional fee may be charged, predicated on the extent of the variation from the original plans. I also acknowledge that I am the property owner, or am authorized to act as the owner's agent in obtaining this permit. I acknowledge that permits with no inspection activity for 6 months shall be expired. Subsequent inspections will not be performed until permit has been renewed and payment of any additional fees has been completed. I understand that it is the responsibility of the owner/owner agent to call for all required inspections and that at least 24 hours notice is required for all inspections.

Signature _____ Printed Name _____ Date _____

This section for office use only

Date Application Filed _____ Fee Received _____ Check # _____

Application received by _____

Parcel ID # _____ PIN # _____ Village Code _____

Site Plan Approval Date (if applicable): _____

Present Zoning District _____ Is proposed business a permitted use by right? Yes No

Zoning Permit# _____ Approved by: _____ Date: _____

Is proposed business allowed per Conditional grant? Yes No N/A

Conditional Use Permit # (if applicable) _____ Date granted _____

Building Permit# _____ Approved by: _____ Date: _____

Date Applicant Requested Inspection _____ Staff Call back date (if applicable) _____

Date of Inspection _____ Inspected by: _____

Inspected by: _____

Comments _____

Certificate of Occupancy Approving Department Signatures

Zoning Department Signature _____ Date _____

Inspections Department Signature _____ Date _____

Fire Department Signature _____ Date _____

Date Temporary Certificate of Occupancy Issued (if applicable) _____

Date Temporary Certificate of Occupancy Expires (if applicable) _____

Date Temporary Certification of Occupancy mailed _____

Temporary Certificate of Occupancy # (if applicable) _____

Date Certificate of Occupancy Issued _____

Date Certification of Occupancy mailed _____

Certificate of Occupancy # _____