

**OCCUPANCY**  
Rev 02/29/2024

VILLAGE OF HALES CORNERS  
5635 S. New Berlin Road  
Hales Corners, WI 53130  
P:414-529-6160  
<https://halescornerswi.gov>

Occupancy \_\_\_\_\_ HALE  
Permit No. \_\_\_\_\_

Tax Key: \_\_\_\_\_

ZONING: \_\_\_\_\_

Building Address: Suite/Unit#	Business Name/Type:
Property Owner Name or Legal Entity (if applicable)	Tenant Contact:
Owner Phone:	Tenant Phone:
Owner Email:	Tenant Email:
Address/City/State/Zip:	Former Occupant (if known)

BUILDING IS: Residential (\$50)     Commercial (\$205)    Special use  Temporary - 6 mos. or less (\$80)

INTENDED USE: \_\_\_\_\_

DATE REQUESTED TO OCCUPY SPACE: \_\_\_\_\_ (MUST SUBMIT 14 DAYS PRIOR)

WILL THERE BE ANY ALTERATIONS TO THE SPACE YOU WILL BE OCCUPYING? YES/NO (circle one)

IF SO, WHAT PERMITS WILL BE NEEDED? Building / HVAC/ Electrical / Plumbing (circle all that apply)

*Note: Any alteration building, electrical, plumbing, or HVAC work done will require permits approved by the Building Inspector and possible **State Plan Approval prior to issuance of occupancy permit**, please plan accordingly.*

Is a Sign needed for the business? YES/NO (circle one) If yes, this will require a permit for a temporary and/or permanent Sign.

It is hereby agreed between the undersigned and the Village of Hales Corners that all work performed as herein described shall be completed in strict compliance with the Village of Hales Corners Municipal Code and all laws of the State of Wisconsin relating to such work. Furthermore, by signing this application, or by authorizing an agent to sign this application, the owner/tenant acknowledges that an inspection or inspections of the work herein described are required and consents to the entry onto the subject property by an employee of the Village of Hales Corners to perform all necessary inspections. Said inspection(s) shall only be made at reasonable times and by appointment or notice.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Building Inspection: 414-423-2100 x-3107    Fire Department: 414/529-6168    Health Department: 414/529-6155*

**FOR OFFICE USE ONLY:**

Certificate Issued by: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit Issued by: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Building/Plumbing Inspector: \_\_\_\_\_

Date Complete: \_\_\_\_\_

Electrical Inspector: \_\_\_\_\_

Date Complete: \_\_\_\_\_

Fire Inspector: \_\_\_\_\_

Date Complete: \_\_\_\_\_

Health Department: \_\_\_\_\_

Date Complete: \_\_\_\_\_

Date Sent To Inspectors: \_\_\_\_\_