



# CHANGE OF OCCUPANCY

2828 Allouez Avenue, Bellevue, WI 54311 (920) 468-5225  
Fax (920) 468-4196 email: mduchateau@villageofbellevue.org

Application Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

### **Building Owner Information**

Building Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Applicant Information**

Applicant \_\_\_\_\_ Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Business Information**

Property Address \_\_\_\_\_ Zoning of Parcel \_\_\_\_\_

Prior Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

Provide square footage for each proposed use on site:

Office \_\_\_\_\_ Manufacturing/Processing \_\_\_\_\_

Retail/Service \_\_\_\_\_ Storage \_\_\_\_\_

Number of Employees/Shift \_\_\_\_\_ Number of Customers Expected/Day \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Anticipated Opening Date \_\_\_\_\_

### **Site Information**

1) Number of Parking Spaces Available \_\_\_\_\_ Number of Spaces Required \_\_\_\_\_

2) Explain any alterations (interior & exterior) that may be required for the building and/or site. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Explain what products or services will be provided on site?  
\_\_\_\_\_  
\_\_\_\_\_

4) Will there be outside storage of vehicles, trailers or other equipment/materials?

No

Yes, explain height, type and location of outside storage. \_\_\_\_\_

5) Is fencing proposed for the site?

No

Yes, explain. \_\_\_\_\_

6) Will there be any on-site manufacturing or processing?

No

Yes, explain. \_\_\_\_\_

7) Will the operation involve discharge of hazardous chemicals or materials into the sanitary sewer or generate odor, smoke or noise?

No

Yes, explain. \_\_\_\_\_

8) Is a Liquor License or any other State or Village license necessary for the business?

No

Yes, explain. \_\_\_\_\_

9) Is food service proposed?

No

Yes, explain. \_\_\_\_\_

10) Any other information/details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### ACKNOWLEDGEMENT

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When the character and occupancy of a building changes from the occupancy it was originally designed for, the Building Code requires the change be permitted and inspected, and may involve new construction requirements for the new occupancy.

I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of Wisconsin and ordinances of the Village of Bellevue.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: After review of this application, the Zoning Administrator will determine whether a Site Plan Review and/or submittal of a Storm Water Management Plan are necessary; the Building Inspector will determine if submittal of building plans to the State of Wisconsin is necessary.*

**For Office Use Only:**

Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_