

# CITY OF RHINELANDER

APPLICATION FOR CERTIFICATE OF OCCUPANCY



*Please provide ALL the information requested.*

This information is used in the case of an emergency for Fire and Police services. **A complete legible site plan and floor plan of all levels of all buildings must accompany application.** If you have any questions, please feel free to call the Inspection Department at (715) 365-8606.

Address of the property \_\_\_\_\_ Parcel number? **RH** \_\_\_\_\_ Zoned? \_\_\_\_\_

### **TYPE OF BUILDING:**

- One-Family Dwelling     Two-Family Dwelling     Apartments # \_\_\_\_\_     Condominiums     Office Building     Hotel/Motel  
 Commercial/Retail     Industrial Building     Temporary Structure     Other

Business Name: \_\_\_\_\_ Business Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Hours: \_\_\_\_\_

**USE OF BUILDING OR SPACE:**    Previous Use \_\_\_\_\_

Proposed Use; \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Maximum Capacity (Occupancy) Assembly type uses (ex: restaurants, churches, daycares, etc.): \_\_\_\_\_

**CONSTRUCTION WORK INVOLVED** (if any):     New Construction     Alteration of an existing building     Neither of the above – Permit # \_\_\_\_\_

Area:  
Gross Floor Area \_\_\_\_\_ sq. ft.    Garage Floor \_\_\_\_\_ sq.ft.    Gross Parking Area \_\_\_\_\_ sq.ft    Total # of Parking Space: \_\_\_\_\_

# A.D.A Parking: \_\_\_\_\_    Number of Floors: \_\_\_\_\_    Number of Units: \_\_\_\_\_    Does this building have an elevator?     YES     NO

### **LOCATION:**

Within the building, where are the following items located: (all items may be identified on a site/floor plan):

Sprinkler Connection: \_\_\_\_\_ Alarm Panel: \_\_\_\_\_

Gas Shutoff: \_\_\_\_\_ Knox Box: \_\_\_\_\_ Electrical Panel: \_\_\_\_\_

**BUSINESS OWNER: PLEASE PRINT**

**Name:** \_\_\_\_\_ **Mail Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Cell Number:** (    ) \_\_\_\_\_ - \_\_\_\_\_

*\*\*\*Please list all key holders names, addresses and phone numbers: (use separate paper if needed) \*\*\**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: (    ) \_\_\_\_\_ - \_\_\_\_\_    Cell # (    ) \_\_\_\_\_ - \_\_\_\_\_

Home #: (    ) \_\_\_\_\_ - \_\_\_\_\_    Cell # (    ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: (    ) \_\_\_\_\_ - \_\_\_\_\_    Cell # (    ) \_\_\_\_\_ - \_\_\_\_\_

Home #: (    ) \_\_\_\_\_ - \_\_\_\_\_    Cell # (    ) \_\_\_\_\_ - \_\_\_\_\_

**PROPERTY OWNER: PLEASE PRINT**

Property Owner's Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_    Cell Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

I, the Applicant, hereby certify that the information supplied on this application is true and correct to the best of my knowledge: and that ANY construction, alteration or repair has been performed in accordance with the applicable regulations and under a valid permit issued by the City of Rhineland.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Property Owner:     Business Owner:     Other: