

# CITY OF OCONTO

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. If you have any questions, please feel free to call the Inspection Department at (920) 834-7775**

Address of the property \_\_\_\_\_

Parcel number? **RH** \_\_\_\_\_

Subject property is zoned? \_\_\_\_\_

Business Type (current or proposed): \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

No. of Employees: \_\_\_\_\_

**Business Owner's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

*\*\*\*Please list all key holders names, addresses and phone numbers: (use back for any additional)\*\*\**

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

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

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

*Property Owner's Name(s) if Different from Business Owner:* \_\_\_\_\_

*Property Owner's address:* \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

Property Owner:

Business Owner:

Other: