

# City of Elkhorn – Change of Occupancy

**Building & Zoning**

9 S Broad Street, Elkhorn WI 53121 Phone 262-741-5124 Fax 262-741-5135

Property Information		Tenant Information	
Property Tax Key #		Previous Business Name	
Property Address		Years in Operation	
Property Owner		New Business Name	
Owner Mailing Address		Name of Operator	
City State Zip		Operator Mailing Address	
Owner Phone #		City State Zip	
Owner Fax #		Operator Phone #	
New Business Use/Operation Information			
Description of Business Use or Operations			
Previous use of space		Hours of Operation (Weekday)	Hours of Operation (Weekend)
Total Area of Space (SQF)	# of Toilet Fixtures	# Full Time Employees	# Part Time Employees
Customers Seating Yes <input type="checkbox"/> No <input type="checkbox"/>	Seating Capacity	Total Employee Hours Per Year (include yourself if self-employed)	
Sprinkler System Yes <input type="checkbox"/> No <input type="checkbox"/>	Hazardous/Flammable Chemicals used or stored on site Yes <input type="checkbox"/> (must attach MSDS) No <input type="checkbox"/>		

## Signatures

By signing below, I certify that the above information is a true and accurate account of the information requested for my business site and its operation and use. Should an inspection be required, I agree to allow the Inspector(s) reasonable access to the space to verify compliance with the Municipality's Ordinance. In addition, I fully understand that completion of this form or its approval does not preclude me from complying with all applicable State Statutes or Municipal Ordinances regarding my business and its lawful operation.

Applicant's Signature	Date	____ / ____ / ____	Inspector's Signature	Date	____ / ____ / ____
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## CITY USE ONLY BELOW THIS LINE

Building Inspector		Zoning Administrator		
Date Received ____ / ____ / ____	Reviewed By	Date Received ____ / ____ / ____	Reviewed By	
Occupancy Classification	Occupancy Classification Surrounding Units	Zoning of Property	Use Permitted	By Right By CUP PC Approval Required
APPROVED / DENIED	Date ____ / ____ / ____	APPROVED / DENIED	Date ____ / ____ / ____	

