



CITY OF CEDARBURG BUILDING INSPECTION DEPARTMENT
262-375-7609
OCCUPANCY PERMIT APPLICATION INFORMATION
PERMIT FEE: \$160.00

Business Name: _____

Address of Property: _____

Telephone Number of Business: _____

Type of Business: _____

Additional Information: _____

After Hours Emergency Contact #1 – Name: _____

Contact #1 Telephone Number: _____

After Hours Emergency Contact #2 – Name: _____

Contact #2 Telephone Number: _____

E-mail Address: _____

Signature of Applicant: _____

Address to Mail Occupancy Permit: _____

***** OFFICE USE ONLY *****

Date Fee Paid: _____ Amount Paid: **\$160.00**

Date of Inspection: _____ Time: _____

4/2015

cc: Cedarburg Fire Department and Cedarburg Police Department