

**CITY OF WHITEWATER**

312 W Whitewater Street  
P.O. Box 178  
Whitewater WI 53190  
(262) 473-0540  
www.whitewater-wi.gov

**NEIGHBORHOOD SERVICES**  
**Change of Use, Occupancy & Zoning Permit**



A change of use or tenant application must be submitted wherever there is a change in the nature or extent of the use at a property. This includes cases where one business is replacing another, even if the use itself remains the same. Use types are set in the City and State code. Approval of this application does not authorize that any work that must comply with State or City regulations.

Zoning District:

- B-1 Community Business
- B-2 Central Business
- B-3 Highway Commercial & Light Industrial
- M-1 General Manufacturing
- M-1 General Manufacturing
- M-2 Manufacturing & Miscellaneous
- WUTP Whitewater University Technology Park
- PD Planned Development
- R-1, R-2 or R-3 Residential District

New or Current Use Classification: \_\_\_\_\_

Previous Use Classification: \_\_\_\_\_

Contact Information

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

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Key Holder Name (1): \_\_\_\_\_ Phone: \_\_\_\_\_

Key Holder Name (2): \_\_\_\_\_ Phone: \_\_\_\_\_

Building Information

Number of Stories: \_\_\_\_\_ Basement: (Y / N) Square Feet: \_\_\_\_\_ 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_

Knox Box: (Y / N) Location: \_\_\_\_\_ Keys Checked: (Y / N)

FDC Location: \_\_\_\_\_ Fire Alarm Panel Location: \_\_\_\_\_

Electric Services Location: \_\_\_\_\_ Gas Services Location: \_\_\_\_\_

Special Hazard Notes:

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

**AGREEMENTS**

The undersigned applies for a permit to occupy the premises described herein for the uses and purposes as herein set forth and in strict accordance with all of the provisions of the City of Whitewater zoning ordinance, and the State of Wisconsin applicable to said premises. The undersigned understands that said premises will be subject to inspection to check that the above verifications occurred and if any of the information provided or any of the above statements are found to be false, the approval by the Zoning Administrator will become void, permit fees will be forfeited, and an Occupancy Permit will not be issued. The undersigned agrees that said premises will not be occupied until a Certificate of Occupancy has been issued by the City.

**FEE SCHEDULE**

Zoning Permit Fee (May have been paid with building permit)

Primary Structure \$100.00

Accessory Structure / Alteration \$50.00

Deck \$10.00

\_\_\_\_\_

Change of Use or Occupancy \$25.00

\_\_\_\_\_

Occupancy Permit (paid with the building permit)

\_\_\_\_\_

**TOTAL:**

\_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

**Date:**

\_\_\_\_\_  
**Approved by City of Whitewater**

**Date:**

**COMMENTS:**

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

Copy sent to:

\_\_\_\_ Fire Department

\_\_\_\_ Police Department

\_\_\_\_ CDA

