



Change of Occupancy

To be used to change occupancy of a tenant space or building.

mDuChateau@VillageOfBellevueWI.gov
2828 Allouez Ave., Bellevue, WI 54311 | p. (920) 468-5225

Application Number: _____

Parcel Number: _____
(assigned by Village staff)

PROPERTY OWNER

Property Owner (Individual, Corporation, etc.): _____

Contact Name: _____

Mailing Address/City/Zip: _____

Phone: _____ Email: _____

APPLICANT

Contact Name: _____

Name of Firm/Company: _____

Mailing Address/City/Zip: _____

Phone: _____ Email: _____

BUSINESS INFORMATION

Property Address: _____

Prior Use: _____ Proposed Use: _____

Provide square footage for each proposed use onsite: **Office:** _____ **Retail/Service:** _____

Manufacturing/Processing: _____ **Storage:** _____

No. of Employees/Shift: _____ No. of Customers Expected per Day: _____

Hours of Operation: _____ Anticipated Opening Date: _____

SITE INFORMATION

1. No. of parking spaces available: _____ No. of Spaces Needed: _____

2. Explain any alterations (interior & exterior) that may be required for the building and/or site.

3. What products or services will be provided onsite? Please explain.

4. **Will there be outside storage of vehicles, trailers or other equipment/materials?**
 No | Yes, explain height, type & location: _____

5. **Is fencing proposed for the site?**
 No | Yes, explain: _____

6. **Will there be any onsite manufacturing or processing?**
 No | Yes, explain: _____

7. **Will the operation involve discharge of hazardous chemicals or materials into the sanitary sewer or generate odor, smoke or noise?**
 No | Yes, explain: _____

8. **Is a Liquor License or any other State or Village license necessary for the business?**
 No | Yes, explain: _____

9. **Is food service proposed?**
 No | Yes, explain: _____

10. **Any other information/details:**

ACKNOWLEDGEMENT

When the character and occupancy of a building changes from the occupancy it was originally designed for, the Building Code requires the change be permitted and inspected and may involve new construction requirements for the new occupancy.

I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of Wisconsin and ordinances of the Village of Bellevue.

Applicant Printed Name	Signature	Date
Owner Printed Name	Signature	Date

NOTE: After review of this application, the Zoning Administrator will determine whether Zoning approvals, a Site Plan Review and/or submittal of a Storm Water Management Plan are necessary; the Building Inspector will determine if submittal of building plans to the State of Wisconsin is necessary.

OFFICE USE		
Amount Paid: _____	Date Paid: _____	Receipt #: _____
Approved By: _____		Date _____
Conditions of Appeal: _____		

