

PROJECT ADDRESS _____

___ Commercial (CMAL) ___ Institutional (ISAL) ___ Manufacturing (MGAL) ___ Multi-family (MFAL) \

Please complete and submit the following as a packet:

1. _____ **Alteration permit application**
Check one (or both, if applicable):
 Interior Alteration Exterior Alteration
2. _____ **Business Occupancy permit application**
(required with all commercial alteration permits per Section 9.09 A of the City of Kenosha Code of General Ordinances)
3. _____ Describe proposed alteration work: _____

3. _____ **Required Plans:**
 Pursuant to Wisconsin Statute §101.12, if space altered is 100,000 cubic feet or greater, the plans must be reviewed by the State or an authorized representative of the State.
The City is an authorized representative of the State to conduct these reviews. In addition, pursuant to Administrative Code Section SPS361.31, plans for buildings over 50,000 cubic feet in volume are required to be prepared, signed, sealed, and dated by a Wisconsin-registered engineer or architect.

Please select option A or B*

- A. _____ City to conduct State Review.** A plan review fee will be charged – see fee schedule at bottom of attached application.
 - Provide one (1) full plan set with a Cover Page that contains the stamps and signatures of Architects and/or Engineers and a complete index, and three (3) additional identical cover pages.
 - Include a set of plans in pdf format or on a flash drive. Plans in pdf format should be emailed to bldgpermits@kenosha.org after submittal of this packet.
 - If Multi-family project, please also enclose one (1) floor plan (11" x 17") listing unit numbers.
- B. _____ State has conducted Review.** A plan review fee will not be charged by the City, as plan review fees will have been paid to the state. Plan review fees, whether assessed by the City or the State, are set by State Statute.
 - Attach one (1) copy of State Approval Letter.
 - Provide one (1) full plan set with a Cover Page that contains the stamps and signatures of Architects and/or Engineers and a complete index, and three (3) additional identical cover pages.
 - Include a set of plans in pdf format or on a flash drive. Plans in pdf format should be emailed to bldgpermits@kenosha.org after submittal of this packet.
 - If Multi-family project, please also enclose one (1) floor plan (11" x 17") listing unit numbers.

Fire Department Approval:

This box for DCI use:



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

APPLICATION FOR ALTERATION PERMIT*
Form #DC1104 (rev. 02/20)

***Commercial, Institutional, Manufacturing, or Multi-family**

You will be notified when your permits are ready; **please do not submit payment with permit application.**

Project Address _____ Suite _____

Project (Business) Name _____

Project Owner _____ Contractor _____

Mailing Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (_____) _____ Phone (_____) _____

Owner's email _____ Contractor e-mail _____

Project Contact Person _____ Phone (_____) _____

➔ **Estimated Cost** (*excluding plumbing, electric, and HVAC*) _____

Proposed Use _____

Square Feet _____ If Multi-family, number of units: _____

If at any time during or after the approval process you determine that you will not proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

This Box for Office Use Only:

Zoning _____ Zoning Review/Approval _____

OCCO needed: Yes ___ No ___ OCEX needed: Yes ___ No ___ OCRE needed (multi-family): Yes ___ No ___

DESCRIPTION	FEE	QUANTITY	SQUARE FEET /PLAN REVIEW FEE*	QUANTITY
ALTERATIONS	\$12.00 per \$1,000 of est. cost	_____	10,001-20,000	\$ 700.00
MINIMUM FEE	\$ 120.00 Ea.	_____	20,001-30,000	\$ 1,100.00
			30,001-40,000	\$ 1,400.00
			40,001-50,000	\$ 1,900.00
ZONING FEE	\$ 60.00	_____	50,001-75,000	\$ 2,600.00
ZONING/ADMIN FEE	\$ 250.00	_____	75,001-100,000	\$ 3,300.00
			100,001-200,000	\$ 5,400.00
			200,001-300,000	\$ 9,500.00
			300,001-400,000	\$14,000.00
			400,001-500,000	\$16,700.00
			Over 500,000	\$18,000.00

If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances.

I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Applicant Signature _____ **Date** _____

Please Print Name _____



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____

APPLICATION FOR BUSINESS OCCUPANCY PERMIT
Form #DCI116 (rev. 01/20)

Permit Fee: \$180.00*

Please **print** all information, with the exception of signatures.

You will be notified when your application is approved; please do not submit payment with permit application.

***If business is conducted prior to obtaining an Occupancy Permit, a penalty fee will be charged in accordance with Chapter 8.04 of the City of Kenosha Zoning Ordinance.**

Address of Business _____ Suite # _____

Business Name _____ <i>(this name will appear on the Certificate of Occupancy)</i>

IMPORTANT: The final Certificate of Occupancy will be mailed to the above address of business unless otherwise specified. Please notify us if mail will not be deliverable at the business address at the time the Certificate of Occupancy is finalized.

Intended Business Use _____ (please be specific)

Former Business Use at this Address _____ Sq. ft. of space _____

Property Owner _____ Tenant/Lessee _____

Owner's Mailing Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (_____) _____ Phone (_____) _____

Fax Number/E-mail _____ Fax Number/E-mail _____

<u>This Box for Office Use Only:</u>	
Zoning _____	Zoning Review/Approval _____

IMPORTANT INFORMATION:

- Building permits are required for additions and most alterations.
- A separate sign permit is required for all new signs or alterations to existing signs.
- No commercial alterations or signs are authorized by this application.
- Any change in use, owner, or occupancy type shall require a new certificate of occupancy.
- Applicant is responsible for obtaining all applicable Federal, State, and/or City Licenses prior to opening.

If at any time during or after the approval process you determine that you will not proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

I understand that pursuant to Section 8.04 of the Zoning Ordinance for the City of Kenosha, Wisconsin, the building may not be occupied and/or business conducted until all requirements for the Certificate of Occupancy, including all applicable inspections, have been met and the Certificate has been issued by the City Department of Community Development and Inspections.

Signature of Property Owner (Required)

Signature of Tenant/Lessee (Required)



Kenosha Police Department Crime Prevention Unit Emergency Contact Business Information Business and Building Information

- Business Name: _____ Business Phone: _____
- Business Type: (for example, retail, office, food service) _____
- Building Name: (if different) _____
- Building Type: (for example, multi-unit, factory, office complex, strip mall, etc.) _____
- Address: _____ Suite # _____

Owners Information

- Business Owner _____
- Address _____ City _____ State _____ Zip Code _____
- Home Phone: _____ Cell Phone: _____ Pager #: _____
- Business E-Mail: _____ Personal E-Mail: _____

- Building Owner (if different) _____
- Address _____ City _____ State _____ Zip Code _____
- Building Phone: _____ Home Phone: _____ Cell Phone: _____
- Pager #: _____ E-Mail Address _____

Business Practice Information

(This information will allow us to better protect your business from crime. Please circle the appropriate answer.)

- Hours of Operation _____
- Times employees (prep-work, or Cleaning service) expected to be on scene _____
- Do you have an ALARM? YES NO If yes, your ALARM COMPANY _____
- Do you have SECURITY STAFF during operating hours? YES NO
- Do you have a SECURITY STAFF or COMPANY after hours? YES NO
- Name of SECURITY COMPANY _____
- Do you have a CLEANING SERVICE? YES NO If yes, their days and hours on scene at your business _____
- Are there any DOGS on the premises? YES NO
- Do you have a SAFE? YES NO

- Do you have any WEAPONS on the premises? YES NO If yes, please explain _____
- Do you have any HAZARDOUS MATERIALS on the premises? YES NO
If yes, what kind _____
Further
Explanation _____
- Do you keep any vehicles on the premises? YES NO If yes, vehicle (s) information: _____
- Any other BUSINESS PRACTICES you would like to share with the POLICE or that you think are important, like lights left on, radio or TV's left on, Secondary entrances used, etc. _____

Key Holder Information

(please list in the preferred order of contact)

1. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-Mail: _____

2. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-Mail: _____

3. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-Mail: _____

4. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-Mail: _____

If any of the above information changes, please contact the Crime Prevention Unit at (262)-657-3937, or e-mail us at watch@kenoshapolice.com