**APPLICATION PACKET FOR ALTERATION PERMIT COVER PAGE**

**PROJECT ADDRESS__________________________________________________________________________**

___Commercial (CMAL) ___Institutional (ISAL) ___Manufacturing (MGAL) ___Multi-family (MFAL) 

<table>
<thead>
<tr>
<th>Please complete and submit the following as a packet:</th>
<th>Fire Department Approval:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _____ Alteration permit application</td>
<td></td>
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<tr>
<td>Check one (or both, if applicable):</td>
<td></td>
</tr>
<tr>
<td>□ Interior Alteration □ Exterior Alteration</td>
<td></td>
</tr>
<tr>
<td>2. _____ Business Occupancy permit application</td>
<td></td>
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<tr>
<td>(required with all commercial alteration permits per Section 9.09 A of the City of Kenosha Code of General Ordinances)</td>
<td></td>
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<tr>
<td>3. _____ Describe proposed alteration work:</td>
<td></td>
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<tr>
<td>_____________________________</td>
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<td>3. _____ Required Plans:</td>
<td></td>
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<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Please select option A or B*</td>
<td></td>
</tr>
<tr>
<td>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 <a href="mailto:bldgpermits@kenosha.org">bldgpermits@kenosha.org</a> after submittal of this packet. • If Multi-family project, please also enclose one (1) floor plan (11” x 17”) listing unit numbers.</td>
<td></td>
</tr>
<tr>
<td>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 <a href="mailto:bldgpermits@kenosha.org">bldgpermits@kenosha.org</a> after submittal of this packet. • If Multi-family project, please also enclose one (1) floor plan (11” x 17”) listing unit numbers.</td>
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</tbody>
</table>

**This box for DCI use:**

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**Department of City Inspections | 625 52 St Rm 100, Kenosha WI 53140 | T: 262.653.4263 | F: 262.653.4254 | Email: bldgpermits@kenosha.org | kenosha.org**
APPLICATION FOR ALTERATION PERMIT*
Form #DCI104 (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 I 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

SQUARE FEET/PLAN REVIEW FEE* QUANTITY

200,001-300,000 $ 9,500.00

0-2,500 $ 250.00 300,001-400,000 $14,000.00

2,500-5,000 $ 300.00 400,001-500,000 $16,700.00

5,001-10,000 $ 500.00 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_______________________________________________

Department of City Inspections | 625 S 52 St Rm 100, Kenosha WI 53140 | Phone: 262.653.4263 | Fax: 262.653.4254 | Email: bldgpermits@kenosha.org | kenosha.org
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 __________________________________________________________________________________
(this name will appear on the Certificate of Occupancy)

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_______________________________

This Box for Office Use Only:

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)

Department of City Inspections | 625 52nd St. Rm 100 Kenosha, WI 53140 | Phone: 262.653.4263 | Fax: 262.653.4254 | Email: bldgpermits@kenosha.org | kenosha.org
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