



730 Washington Ave Rm. 103
Racine, WI 53403
Phone: (262) 636-9164
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City of Racine Building Division

OCCUPANCY PERMIT APPLICATION FORM

PERMIT NUMBER _____

Project Address

Applicant

Owner

Address

Address

City/ZIP

City/ZIP

Email

Email

Phone

Phone

Type of occupancy

Name of Business

Hours of Operation

Number of Employees

Business Description or Comments _____

Inspection Fee: ☐ \$250.00 ☐ \$150.00 Temporary(Up to 6 Months) ☐ \$50.00 Pop-Up Temporary(Up to 3 Months)

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____

(Additional fees may apply: Water Rec Fee)

PERMIT FEE

\$

PERMIT APPLICATION PROCEDURES

Applications must include:

- ☐ Completed Occupancy Permit Application form.
- ☐ Permit Payment