



Building & Zoning Department
300 N. Pine Street, Burlington, WI, 53105
(262) 342-1163 – (262) 763-3474 fax
www.burlington-wi.gov

**CHANGE OF OWNERSHIP
OR
CHANGE OF USE
BUSINESS OCCUPANCY PERMIT**

<i>FOR OFFICE USE ONLY</i>
DATE FILED _____
RECEIVED BY _____

Change of Ownership / Change of Use - \$25.00

Instructions: Applications are to be filed with the Zoning Administrator, who shall refuse applications that are not complete or that are not legible.

NAMES AND ADDRESSES

Applicant

Phone No.

Applicant's Address

Applicant's E-mail
Address _____

Owner of the site

Phone No.

Owner's address

DESCRIPTION OF THE SUBJECT SITE

Business name _____

Address _____

Or if no address exists: Parcel Identification
No. _____

Existing Zoning
classification _____

Description of existing use

Description of the proposed use

Number of employees / Hours of operation

Additional information as may be required by City Officials:

Certificate – I hereby certify that all the preceding statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Applicant _____
(Signature)

(Print)

Owner _____
(Signature)

(Print)

Date: _____

Date application Filed: _____

- Applications will not be processed without the property owner’s signature.
- Building permits are required for additions and alterations.
- No commercial alterations or signs are authorized by this permit.
- Permit may be revoked without notice if misrepresentation of any of the above information is found to exist.
- Permit is Null and Void if issued in error. It is understood that any permits issued on this application will not grant any right or privilege to erect any structure or to use any premises for any purpose that is prohibited by the Zoning Ordinance or any other state or local laws.
- Applicant is responsible for obtaining all applicable Federal and State and/or City Licenses prior to opening.
- Changes in the plans or specifications submitted in the original application shall not be made without prior written approval of the Zoning Administrator.

Zoning Administrator: _____
(Signature)

Date: _____