

CITY OF CEDARBURG BUILDING INSPECTION DEPARTMENT
(262) 375-7609
OCCUPANCY PERMIT APPLICATION INFORMATION
PERMIT FEE: \$160.00

Business Name: _____

Address of Property: _____

Telephone Number of Business: _____

Type of Business: _____

Additional Information: _____

After Hours Emergency Contact #1- Name _____

Contact #1 Telephone Number: _____

After Hours Emergency Contact #2- Name _____

Contact #2 Telephone Number: _____

E-Mail Address: _____

Signature of Applicant: _____

Address to mail Occupancy Permit: _____

*** OFFICE USE ONLY ***

Date Fee Paid: _____

Amount Paid: \$160.00

Date of Inspection: _____

Time: _____