



Occupancy Compliance

Department of City Planning
174 E. Wisconsin Avenue Oconomowoc, WI
www.oconomowoc-wi.gov | 262.569.2166

Occupancy Compliance is a notification to ensure the protection of the health, safety, morals, and general welfare for residents in the City of Oconomowoc per Section 17.002 of the City’s Municipal Code. Occupancy Compliance is necessary when:

- Unoccupied space in an existing building is occupied
- Occupancy in an existing building changes to a different use or different Owner
- New Building Construction

Compliance Process for the Applicant

1. Submit one (1) copy of this form to the Department of City Planning, City Hall
2. Within (2) business days, contact these departments to schedule inspections:
 - a. Western Lakes Fire Prevention Bureau, inspector@westernlakesfd.org (262) 567-8282 ext. 3611
 - b. Building Inspector, Archie Stigney at (262) 569-2195
3. Engineering, Police Department and Fire District’s review and approve address numbers and placement on the building or property.
4. Remodel work may commence on building upon permit approvals.
5. Applicant addresses and remedies concerns of Fire and Building Inspection Departments
6. After final inspections, Occupancy Permit granted from the Building Inspection Department
7. Applicant Open for Business

Name of Establishment requesting occupancy: _____
 Address of Establishment: _____
 Name of Establishment’s primary contact: _____
 Primary contact’s telephone number: _____
 Primary contact’s email address: _____

After Hours Contact #1 (*name and phone*): _____
 Contact #2 (*name and phone*): _____

Property Owner of establishment requesting occupancy: _____
 Property Owner’s Address (*include city, state and zip code*): _____
 Property Owner’s telephone number: _____
 Property Owner’s email address: _____

Anticipated Occupancy Date: _____

Zoning of Property: _____ Estimated Building Square Footage: _____
 Number of Employees/Occupants: _____ Number of Existing Parking Stalls: _____
 Hours of Operation: _____ Will signage be installed? _____
 Will the business produce noise, vibration, odor or dust? _____
 Will the business sell or provide any alcoholic beverages, tobacco products, amusement devices or second-hand articles? _____
 Describe remodeling, alterations, floor plan changes, or additions prior to opening: _____
 Describe **proposed use** occurring within the business: _____
 Describe if adding or removing outdoor lighting or landscaping: _____
 Describe any discharges to the Sanitary Sewer other than domestic use: _____



Western Lakes Fire Prevention Bureau
inspector@westernlakesfd.org
262.567.8282 ext.3611

Fire Prevention Bureau Checklist

Residential: Single Family/Subdivision

- Address approved by Police & Fire Depts.
- Address posted / visible from road
- Hydrant locations and spacing between (Max. 500')
- Dead end roads more than 150' requires an approved turn around
- Cul-da-sac minimum size of 100' diameter
- Roads and access lanes need to be all weather maintained and capable of holding 75,000 lbs
- Minimum turning radius- 28' inside 42' outside

Commercial / Residential Multi-Family *(must comply with all requirements listed above)*

- Knox boxes installed per approved locations
- 20' minimum width fire lanes
- Fire lanes curb markings
- 6" minimum water main if sprinkler system is required
- FDC must be within 125' of a hydrant
- Horn / Strobe above the FDC
- All portions of the building must be within 300' of a hydrant
- Fire lane / overhangs must have a 13'-6' min. height
- Fire extinguishers
- Exit / emergency light
- Smoke and CO detectors as required
- No extension cords in lieu of permanent wiring
- Comply with all applicable NFPA Fire Codes
- No grills on balconies and patios, unless specialty designed and approved by Bureau

CITY OF OCONOMOWOC POLICE & FIRE DEPARTMENTS
NIGHT NUMBER LISTING

Today's Date

NAME OF BUSINESS _____ PHONE _____

BUSINESS ADDRESS _____ HOURS OF OPERATION _____

M-F _____
SAT _____
SUN _____

BUSINESS EMAIL ADDRESS _____

OWNER'S NAME _____ PHONE _____

HOME ADDRESS _____

MANAGER'S NAME _____ PHONE _____

ASST MANAGER _____ PHONE _____

NIGHT CALL NUMBER'S 1) _____ PHONE _____

2) _____ PHONE _____

3) _____ PHONE _____

ALARM SYSTEM

SILENT _____ AUDIO _____

BURGLAR _____ FIRE _____

HOLD-UP _____ PHONE-IN _____

NONE _____

ALARM COMPANY _____

ADDRESS _____

PHONE _____

CAD DATA ENTRY
RMS DATA ENTRY

Route to:	OPD
	WLFD
	OPD DET