



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, physically drop at City Hall or email:
 - a. Jason Gallo, City Planner: JGallo@oconomowoc-wi.gov | 262-569-2166
 - b. Kristi Weber, Planner: KWeber@oconomowoc-wi.gov | 262-569-2173
2. Within (2) business days, contact these departments to schedule inspections:
 - a. Western Lakes Fire Prevention Bureau, AMay@westernlakesfd.org | 262-567-8282 ext. 3611
 - b. Building Inspector, Archie Stigney, blgdinsp@oconomowoc-wi.gov | 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

<p>Name of Establishment requesting occupancy: _____</p> <p>Address of Establishment: _____</p> <p>Name of Establishment’s primary contact: _____</p> <p>Primary contact’s telephone number: _____</p> <p>Primary contact’s email address: _____</p> <p>Property Owner of establishment requesting occupancy: _____</p> <p>Property Owner’s Address (include city, state and zip code): _____</p> <p>Property Owner’s telephone number: _____</p> <p>Property Owner’s email address: _____</p> <p>Anticipated Occupancy Date: _____</p>
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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
AMay@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 DEPARTMENT
AFTER-HOURS EMERGENCY CONTACT INFORMATION**

DATE: _____

BUSINESS _____

PHONE _____

BUSINESS ADDRESS _____

FAX _____

EMAIL _____

HOURS OF OPERATION: M-F _____
SAT _____
SUN _____

OWNER _____

PHONE _____

HOME ADDRESS _____

MANAGER _____

PHONE _____

ASSISTANT MANAGER _____

PHONE _____

EMERGENCY CONTACTS 1) _____

PHONE _____

2) _____

PHONE _____

3) _____

PHONE _____

ALARM SYSTEM

SILENT _____ AUDIO _____
BURGLAR _____ FIRE _____
HOLD-UP _____ PHONE-IN _____
NONE _____ VIDEO _____

ALARM COMPANY: _____
ADDRESS _____
PHONE _____

PLEASE FAX COMPLETED FORM TO 262-569-3240

630 E Wisconsin Ave, Oconomowoc, WI 53066

*** Please inform the Oconomowoc Police Department if any changes are made ***