## PLEASANT PRAIRIE

## **Commercial Alteration/Tenant Change Application**

Building Inspection Department 9915 39<sup>th</sup> Avenue Pleasant Prairie, WI 53158

Pleasant Prairie, WI 53158 Phone: 262.694.9304

Email: building in spection @pleasant prairiewi.gov

Community Development Department

9915 39<sup>th</sup> Avenue

Pleasant Prairie, WI 53158 Phone: 262.925.6726

Email: communitydevelopment@pleasantprairiewi.gov

DDA1E	CT DESCRIPTION					
Address (include Suite #)			Tax Parcel Number			
Development			Tenant			
Select one						
	Alteration for Existing Tenant					
	Tenant Change with Alterations					
	Tenant Change with No Alterations					
Project Description/Scope of Work						
Proposed Use						
Total Tenant Area (sq. ft.)						
Alteration Area (sq. ft.)			Alteration Area (cu. ft.)			
Estimated Construction Cost			Estimated Completion Date			
BUSIN	IESS INFORMATIO	N				
This business is (select one)  Expansion/Change  New Location for B  New Start Up Busin						
# of Full-time Employees		# of Part-time Employees				
Hours (open to the public)		Delivery Hours				
Anticipated Automobile Trips to/from Site (excluding trucks)		Daily average automobile	trips	Maximum daily automobile trips		
		Daily average truck trips		Maximum daily truck trips		
Municipal Services (check all that apply)		Property is Served by Municipal Sanitary Sewer  Property is Served by Municipal Water  The Building has Fire Sprinklers				
Maximum number of gallons/minute of water expected to be used per day is						

MINIMUM SUBMITTAL 1 pdf copy and a paper copy, if requested					
	Construction Plans or State approved Plans and Letter. A tenant change with no alterations requires a floor plan to be submitted.				
	Industrial Waste Survey, required for any commercial, manufacturing or institutional use excluding office or retail tenant changes				
	Manufacturing Detail Document, required for properties located in any Manufacturing District				
	Business License Application and Application Fee, required for all new tenants				
The Village may require additional information be submitted to ensure that all Village requirements are being met. The Applicant will be contacted if additional information is required to be submitted.					
INSPECTIONS					
All required inspections shall be scheduled at least 2 business days in advance by calling 262.694.9304 with the permit number.					
REQ	UIRED SIGNATURES				
By submitting this application, I certify that all of the information and attachments submitted are true and correct to the best of my knowledge. I understand that for any work started or completed without proper permits, a triple fee will be charged. I agree that all of the work will be done in accordance with all applicable Village, County, State and Federal codes, ordinance requirements and permit conditions. I also agree to allow the inspection of the premises by the Village's Inspectors during regular business hours.					
	PERTY OWNER	CONTRACTOR			
Comp	any Name	Company Name			
Print (	Contact Name	Print Contact Name			
Signature		Signature			
Mailing Address		Mailing Address			
City/State/ZIP		City/State/ZIP			
Phone		Phone			
Email		Email			
Date		Date			
APPLICANT					
Company Name					
Print Contact Name					
Signature					
Mailing Address					
City/State/ZIP					
Phone					
Email					
Date					