



730 Washington Ave Rm. 103
Racine, WI 53403
Phone: (262) 636-9164
Fax: (262) 636-9329

City of Racine Building Division

OCCUPANCY PERMIT APPLICATION

PERMIT NUMBER _____

Project Address

Applicant

Owner

Address

Address

City/ZIP

City/ZIP

Email

Email

Phone

Phone

Type of Occupancy

Name of Business

Hours of Operation

Number of Employees

Business Description or Comments

INSPECTION FEE ☐ \$275.00 ☐ \$175.00 Temporary(Up to 6 Months) ☐ \$75.00 Pop-Up Temporary(Up to 3 Months)

Signature of Applicant _____

DATE _____

Signature of Owner _____

DATE _____

PERMIT FEE

(Additional fees may apply: Water Rec Fee)

PERMIT APPLICATION PROCEDURES

Applications must include:

- ☐ Completed Occupancy Permit Application
- ☐ Permit Payment