



Fee: \$210.00 (\$150 plus 40% Admin fee)
DOUBLE PERMIT FEE for operating before permit issuance

Occupancy Permit # (office use only) _____

OCCUPANCY PERMIT APPLICATION

Name of Business _____

Business Phone Number _____

Address in Butler _____

Mailing address (if different) _____

Describe Business Operations **IN DETAIL** (Products, process, business form, other locations, etc.) Attach additional sheet if necessary. Operations not listed below will not be permitted and enforcement will be taken if non-permitted operations take place:

Hours of Operation: _____

Number of employees at this location: _____

Vending Machines operating on premises?

Cigarette/Tobacco: _____ Yes _____ No Games (Pinball/Pool, etc.): _____ Yes _____ No

Has a Knox Box Been Installed? _____ Yes _____ No

_____ Applicant is the owner of the property. Whole / Part of Building (circle one)

_____ Applicant is a tenant.

ATTACH A CERTIFIED SURVEY, PLAT OF SURVEY OR SITE PLAN DRAWN TO SCALE SHOWING NUMBER AND LOCATION OF PARKING, LOCATION OF DUMPSTER, OUTSIDE STORAGE, ETC.

- Garbage dumpsters, containers, or outside storage of materials **MUST** be screened from public view
- Alterations/Remodeling may require other permits (Signs, Building, Plumbing, Electrical, etc.)
- Parking on approved areas only – see Municipal Code

Building owner acknowledges that if tenant violates municipal code and fails to comply with enforcement that building owner will also be held liable for municipal code violations.

Building Owner Name: _____

Phone: _____ Email: _____

Building Owner Signature: _____

The undersigned applies for a permit to occupy the premises described herein for the uses and purposes as set forth and in accordance with all of the provisions of the Ordinances of the Village of Butler. The Village of Butler reserves the right to revoke an occupancy permit for violations of Municipal Code.

Signed: _____ Date: _____

Print Name: _____ Email: _____

LIST NAME, ADDRESS AND PHONE NUMBER OF PERSONS TO CONTACT IN AN EMERGENCY

Name Address Phone

Name Address Phone

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(FOR OFFICE USE ONLY)

Building Board Approval: (Please Note - Building Board Approval is contingent on completion of all inspections)

Motion: _____ **Current Zoning:** _____

Second: _____ **The Proposed Use is permitted?** ____ Yes ____ No

Vote: _____ **Site Plan Received:** _____ (Date)

COMMENTS: _____

Date Copies Made for Fire Department and Building Inspector: _____

BUILDING INSPECTOR Inspection Date(s): _____

Approval Date: _____

FIRE INSPECTOR Inspection Date(s): _____

Approval Date: _____