

OCCUPANCY INFORMATION UPDATE

The following information is requested to update the emergency contact information for Police and Fire. Please complete this form and return to Building and Development Services. Thank you for your cooperation in providing this information.

PLEASE TYPE OR PRINT

BUSINESS ADDRESS (INCL. SUITE #):	_____			
BUSINESS NAME:	_____			
PREVIOUS BUSINESS NAME (IF KNOWN):	_____			
PREVIOUS ADDRESS (IF LOCATION CHANGED):	_____			
OWNER/LOCAL MANAGER NAME:	_____			
BUSINESS TELEPHONE #:	_____			
TYPE OF BUSINESS:	<table border="1"><tr><td>OFFICE</td><td>RETAIL</td><td>OTHER:</td></tr></table>	OFFICE	RETAIL	OTHER:
OFFICE	RETAIL	OTHER:		
NEW BUSINESS _____ NEW OWNERSHIP _____ LOCATION CHANGE _____				

By signing this application, I agree to allow inspectors access to this property affected by this occupancy permit to verify compliance with the applicable State of Wisconsin and City of Janesville codes. I also agree to allow the City Assessor to accompany inspectors on their occupancy inspection.

_____ Check here if you do not agree to allow the City Assessor to accompany inspectors on the inspection.

EMERGENCY CONTACT INFORMATION

BUSINESS:

LOCAL MANAGER/CONTACT:	_____
HOME ADDRESS:	_____
	CITY: _____ STATE: _____ ZIP: _____
HOME TELEPHONE #:	_____
EMAIL ADDRESS:	_____

BUILDING:

OWNER OR AGENT:	_____
HOME ADDRESS:	_____
	CITY: _____ STATE: _____ ZIP: _____
HOME TELEPHONE:	_____

SIGNATURE OF OWNER OR TENANT: _____

Please return completed form to:

City of Janesville
Building Division
P.O. Box 5005, 18 North Jackson Street
Janesville, WI 53547-5005
(608) 755-3060
Fax number is 608-755-3189