



FOR OFFICE USE	
Application #	
Permit fee	\$100
Receipt #	
Account #	4-402
Date Received	

Zoning Occupancy Permit

PROPERTY OWNER		APPLICANT	
Name:		Name:	
Mailing Address:		Business Name:	
City/State/Zip:		Address:	
Phone:		City/State/Zip:	
Email:		Phone:	
		Email:	
PROPERTY & OCCUPANCY INFORMATION			
Parcel Number:		Address:	
Current Zoning:		Existing number of parking stalls:	
Current Use:		Proposed Use:	
Entire building floor area:		Proposed tenant space floor area:	
Hours of operation:		Proposed number of employees:	
Describe proposed outdoor uses or outdoor storage:			
Description of the proposed use:			
APPLICANT STATEMENT			
I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of Wisconsin and ordinance of the Village of Little Chute, Wisconsin. I further understand that the issuance of this permit creates no legal liability, express or implied, on the Village of Little Chute.			
Applicant/Owner Signature:		Date:	
LITTLE CHUTE APPROVAL			
Conditions:			
Name:		Signature:	
Date:			

Village of Little Chute
108 W Main St.
Little Chute, WI 54140

Community Development Department
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