



Grand Chute Fire Department

2250 Grand Chute Blvd
Grand Chute, WI 54913-7700
www.grandchutewi.gov
Phone (920) 832-6050
Fax (920) 832-1606

Pre-Occupancy Compliance Inspection Application Municipal Code: 291-4F

No person shall occupy a building or structure covered under Ch. SPS 350-365, Wis. Adm. Code, the Wisconsin Commercial Building Code, or the locally adopted IFC used by or for public assembly, industrial, institutional, multifamily, office, or mercantile purposes until such building or structure has applied for a permit and has been inspected by the Fire Department if ***any of the following conditions exist:***

- New Building
- New Business Occupies Vacant Building
- Change of Use
- Substantial Addition, Renovation, or Remodel of Existing Building

\$75 Inspection Fee as prescribed in the Municipal Fee Schedule shall be paid with submittal of application. Payments are accepted by mail, in person, or over the phone with cash, check, or credit card (for a small convenience fee.) Checks should be made payable to "Town of Grand Chute."

Provide one set of relevant plans* with the application. **Email is the preferred method of submission.** Send to Kelly.Hanink@grandchutewi.gov. If email is not possible, you may mail to:

Grand Chute Fire Department
Attn: Assistant Chief Kelly Hanink
2250 Grand Chute Boulevard
Grand Chute, WI 54913

*Relevant plans include floor plans and any fire and life-safety related plan sheets such as, but not limited to, architectural code, utility, emergency light/exit sign location. Fire Protection systems require separate inspections and plan submittals.

Scheduling your inspection: Contact Assistant Chief Kelly Hanink at (920) 832-6050 and request a Pre-Occupancy Compliance Inspection a minimum of **two working days (48 hours)** prior to your desired inspection date. Messages left will not constitute an inspection being scheduled.

At the time of this request if the "business owner" and "building owner" information was not provided on the permit application, it shall be furnished to us for the purpose of maintaining accurate contact information for fire inspections after-hours emergency response.



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Municipal Code: 291-4F***

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Estimated Project Start Date: _____

Estimated Completion Date: _____

Business Name: _____ Phone Number: _____

Business Address: _____ Space/Unit #: _____ Zip: _____

Mailing Address (if different): _____

Business Primary Contact: _____ Phone Number: _____

Business Primary Contact Email: _____ Nature of Business: _____

Building Owner: _____ Phone Number: _____

Building Owner Email: _____

If moving into Grand Chute, provide municipality previously located in: _____

Contact During Construction/Remodel (if applicable)

Company Name: _____ Phone Number: _____

Contact Name: _____ Email Address: _____

THIS IS AN APPLICATION AND NOT A PERMIT TO OCCUPY THE BUILDING.

A minimum of 48 hour notice is required when requesting an inspection.

To arrange an inspection, please call 920-832-6050. Messages left will not constitute an inspection being scheduled.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____ Company Name: _____

For Office Use Only

Permit #: CI _____ Date Paid: _____ Total Rec'd: \$ _____

Check # _____ Cash Credit Card Payment Rec'd By: _____