



CERTIFICATION OF OCCUPANCY SUPPLEMENT AND HAZARDOUS MATERIALS CHECKLIST
CITY OF LAKE MILLS BUILDING INSPECTION AND FIRE PREVENTION DIVISION
 200D Water Street, Lake Mills, WI 53551

Building Inspector

tevenson@ci.lake-mills.wi.us

Captain/Fire Inspector

jtheder@ci.lake-mills.wi.us

Business Name	
Street Address	
Primary Emergency Contact	Secondary Emergency Contact
Name	Name
Title	Title
Evening Phone	Evening Phone
Mobile Phone	Mobile Phone
Has Keys (yes) (no)	Has Keys (yes) (no)
<i>Please provide the following facility information</i>	<i>If yes, provide the location of the device or control panel</i>
Knox Box (yes) (no)	
Standpipe (yes) (no)	
Fire Alarm (yes) (no)	
Fire Sprinkler System (yes) (no)	
How many floors Up Down	
Hazardous Materials Questionnaire: Hazardous Materials are items such as gasoline, diesel, antifreeze, waste oils, solvents, liquefied petroleum gases (LPG), compressed gases, medical gases, acids, bases, oxidizers, radioactive materials, cryogens and water reactive chemicals.	
Spray finishing, paint, storage	(yes) (no)
Does the operation of this facility involve the use or storage of hazardous materials?	(yes) (no)
Does this facility currently have a Hazardous Materials Storage permit?	(yes) (no)
Has Jefferson County Emergency Management been notified of facility operations?	(yes) (no)
Will this project involve a closure of present Hazardous Material Storage Facilities?	(yes) (no)
Will this project involve the storage/use of hazardous materials?	(yes) (no)
Will this project generate hazardous materials waste stream?	(yes) (no)
Will this project involve the aggregate quantity of any one chemical in quantities greater than 200 cubic feet, 55 gallons or 500 lbs.?	(yes) (no)
Will this project involve EPA listed Extremely Hazardous Substances?	(yes) (no)
Will this project require the installation or removal of above ground or underground storage tanks or sumps?	(yes) (no)
Will this project involve Hazmat related improvements such as fume hoods and Storage cabinets?	(yes) (no)
I hereby certify under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.	
Signature	Title Date
Print Name	Phone Number

Business Number		Date
Street Address		Applicant
Business Operator		Phone #
Mailing Address		Mobile #
Description of the proposed business/operators		
Square Footage of Building/Space		Number of Floors
Property Owner		
Owner Address		
Owner Phone #	Owner Mobile #	
Are any tenant improvements currently proposed? (yes) (no) If yes, a building permit application must be submitted.		
Is the storage or use of hazardous materials proposed? (yes) (no) If yes, the HAZARDOUS MATERIALS CHECKLIST must be completed and attached.		
Are there plans for fire detection, suppression updates or new installation planned? (yes) (no) If yes, please provide copies of WI State approved plans to Building Inspector and Fire Department.		
A permit is required for alterations to the building, plumbing, mechanical, or electrical systems. For information on necessary permits, please contact the Building Inspector at 920-648-2344.		
Receipt #		
Zone District:		
Use Classification (Zoning)		
Occupancy Class (Bldg.)		
Maximum Occupancy Load:		
Review/Inspection Comments:		

This form is to be completed and returned to City Hall, with a fire inspection also being scheduled and completed prior to occupancy being granted. Please contact the fire department at (920)648-5117 to schedule inspections.

_____ Fire Department Copy

_____ Building Inspection Department Copy