



Administrative Permit Application

Use / Re-occupancy / Sign / Home Occupation / Temporary Use

Applicant / Agent / Contact

Name _____
 Company _____
 Address _____
 City, State, Zip _____
 Phone _____
 E-Mail _____
 Website _____
 Project Name or New Company Name _____

 Representing _____

Economic Development Information (optional):

Would you be interested in a workplace visit with the Mayor? Yes No

Why did you choose New Berlin over other cities? _____

Property Information

Property Address _____
 Business Name _____
 Tax Key Number(s) _____
 Current Zoning _____
 Property Owner _____
 Property Owner's Address _____

 Existing Use of Property _____

Lot Size _____
 Structure Size _____ Addition _____
 For Multi-Tenant Buildings, Space Occupied _____

Brief Description of Proposal _____

Application Type (Time frame) ¹	Fees	Required Plans/Information ²
<input type="checkbox"/> Use Approvals (Max. 15 days)	<input type="checkbox"/> Residential Zoning - \$100/unit <input type="checkbox"/> Commercial, Office or Institutional Zoning- \$200 + \$15/1,000 sq.ft. (building additions only) <input type="checkbox"/> Industrial or PUD Zoning - \$350 + \$25/1,000 sq.ft. (building additions only) + Developer's Deposit	<input type="checkbox"/> Plan of Operation – 7 copies <input type="checkbox"/> Site Plan – 7 copies <input type="checkbox"/> Floor Plan – 7 copies <input type="checkbox"/> Photo/Elevation – 7 copies <input type="checkbox"/> Landscaping Plan – 7 copies <input type="checkbox"/> Stormwater Plan – 7 copies
<input type="checkbox"/> Re-Occupancy (Upon passed Occupancy Inspection)	<input type="checkbox"/> Residential - \$100/unit <input type="checkbox"/> Commercial, Office or Institutional Zoning - \$200 <input type="checkbox"/> Industrial or PUD Zoning - \$350	<input type="checkbox"/> Plan of Operation – 1 copy <input type="checkbox"/> Site Plan – 1 copy <input type="checkbox"/> Floor Plan – 1 copy <input type="checkbox"/> Photo/Elevation – 1 copy
<input type="checkbox"/> Sign (Max. 5 days)	<input type="checkbox"/> \$3/sq.ft. each sign face - \$75 minimum fee <input type="checkbox"/> Temporary Signs and Banners - \$75 flat fee	<input type="checkbox"/> Site Plan – 1 copy <input type="checkbox"/> Colored Scaled Drawing of the Sign – 1 copy <input type="checkbox"/> Colored Superimposed signage on building elevation – 1 copy
<input type="checkbox"/> Home Occupation (Max. 5 days)	\$100	<input type="checkbox"/> Plan of Operation – 1 copy <input type="checkbox"/> Site Plan – 1 copy <input type="checkbox"/> Floor Plan – 1 copy <input type="checkbox"/> Photo/Elevation – 1 copy
<input type="checkbox"/> Temporary Use Approval	\$100	<input type="checkbox"/> Plan of Operation – 4 copies <input type="checkbox"/> Site Plan – 4 copies <input type="checkbox"/> Floor Plan – 4 copies <input type="checkbox"/> Elevation – 4 copies

Fees:

Base fee from above	\$ _____
Per Sq. Ft. fee from above (Use Approvals only)	\$ _____
Inspection Fee (Re-Occupancies only)	\$ <u>255.00</u>
Filing Fee	\$ <u>50.00</u>
Total	\$ _____

¹ Only if all required materials are submitted and satisfactory.
² Other plans and information may be required by staff upon further review of the project. **Electronic files of entire submittal required.** Failure to submit all required plans will result in rejection of the application.

DEVELOPER'S DEPOSIT MAY ALSO BE REQUIRED
(FORM: <http://www.newberlin.org/DocumentCenter/Home/View/245>)

No refunds for denied applications

By the execution of this application, applicant hereby authorizes the City of New Berlin or its agents to enter upon the property during the hours of 7:00 A.M. to 7:00 P.M. daily for the purpose of inspection. Applicant grants this authorization to enter to the City of New Berlin or its agents even if applicant has posted this land against trespassing pursuant to Section 943.13 Wis. Stats.

Signature _____ Date: _____
Only the property owner or property manager may sign, or letter/email of authorization required. The final responsible party is the property owner.

Please do not write below this line

Accepted by: _____ Date: _____
 Plan Commission Date: _____
 Total Fee: _____
 File Number: _____

Make Checks Payable To:
CITY OF NEW BERLIN