VILLAGE OF CRIVITZ, WISCONSIN

NEW BUSINESS / CHANGE OF OCCUPANCY NOTIFICATION

Crivitz Fire Department | Building & Zoning

Please complete this form when a new business occupies an existing commercial building or tenant space, or when an existing business changes its use, occupancy, or interior layout. Submission before opening is requested to allow the Village to review applicable requirements.

1. Building / Property Information

Building street address

Suite / unit (if applicable)

Approx. sq. ft. occupied, if known

Previous business / occupant (if known)

Property owner / landlord name

Property owner telephone

Property owner email

2. New Business Information

Legal business name

Business name used publicly (DBA), if different

Description of business activities

Business category (check all that apply)

- ☐ Retail
- ☐ Office
- ☐ Personal or Professional Service
- ☐ Restaurant or Bar
- ☐ Assembly or Entertainment
- ☐ Manufacturing or Repair
- ☐ Warehouse or Storage
- ☐ Other:_____

Business owner or responsible operator

Contact telephone number

Email address

Mailing address, if different

Anticipated opening date

Normal operating hours

Max. people on-site at one time (if known)

3. Reason for Notification

Check all that apply.

- ☐ New business occupying existing building or suite
- ☐ Change of business owner / operator
- ☐ Change of business name
- ☐ Change in seating, customer capacity, or occupancy
- ☐ Change in type of business or activities
- ☐ Reoccupation of previously vacant space
- ☐ Interior remodeling or layout changes
- ☐ Other (describe)_____

4. Emergency Contact Information

These contacts may be used by emergency responders in the event of an incident at the property.

Contact name

Position / relationship to business

24-hour contact telephone

Submit to the Village Clerk's Office. Contact and submission details are on page 2.

VILLAGE OF CRIVITZ, WISCONSIN

FIRE SAFETY / BUILDING CHANGES

5. Changes to Building or Operations

	Yes	No	Unsure
Are interior walls, partitions, rooms, aisles, or doors being added, removed, or relocated?	☐	☐	☐
Are exits, exit routes, or entrance arrangements being changed?	☐	☐	☐
Will customer seating, assembly activities, or the anticipated number of occupants increase?	☐	☐	☐
Will commercial cooking equipment, a cooking hood, or a kitchen suppression system be added or changed?	☐	☐	☐
Will flammable or combustible liquids, compressed gases, or other hazardous materials be stored or used?	☐	☐	☐
Will business operations include welding, painting, vehicle repair, battery charging, or other activities that may introduce fire hazards?	☐	☐	☐
Will storage arrangements, shelving, or storage heights change significantly?	☐	☐	☐
Will existing fire alarms, sprinklers, detection equipment, emergency lighting, or other fire protection systems be altered?	☐	☐	☐

6. Existing Fire Protection Equipment

	Yes	No	Unsure	N/A
Portable fire extinguishers present Last service date: _____ (if known)	☐	☐	☐	☐
Fire alarm / detection system present	☐	☐	☐	☐
Automatic sprinkler system present	☐	☐	☐	☐
Commercial kitchen hood suppression system present	☐	☐	☐	☐

Who coordinates fire extinguisher inspection, servicing, and replacement? (Select one)

☐ Property owner / landlord ☐ Business owner / operator ☐ Shared responsibility ☐ Not yet determined

7. Additional Information

Briefly describe the planned business activities, interior changes, or potential fire hazards identified above.

Please attach a simple floor plan or sketch if the interior layout will be changed, showing rooms, doors, exits, and major equipment locations.

☐ Sketch attached ☐ Not attached ☐ Not applicable

8. Applicant Acknowledgment

I certify that the information provided is accurate to the best of my knowledge. I understand that this form is for notification and review purposes only and does not constitute an occupancy permit, fire inspection approval, or authorization to operate. Any required building, zoning, fire safety, or other permits and approvals must be obtained separately. The Village or Fire Department may contact me for additional information or inspection arrangements.

Printed name _____ Signature (type or sign) _____ Date _____

9. For Village / Fire Department Use Only

Date received: _____ Received by: _____

Forwarded to Fire Department - Date: _____ Forwarded to Building/Zoning Inspector - Date: _____

Zoning/use review needed: ☐ Yes ☐ No ☐ Pending

Building or state code referral needed: ☐ Yes ☐ No ☐ Pending

Fire inspection status: ☐ Not Scheduled ☐ Scheduled ☐ Completed ☐ Follow-up Needed

Inspection date: _____ Inspection report/reference no.: _____ Reviewer initials: ____

Brief notes / follow-up: _____

Village of Crivitz Clerk's Office
800 Henriette Avenue, P.O. Box 727, Crivitz, WI 54114 | Phone: (715) 854-2030 | Email: emoser@crivitz.gov
Completed forms will be forwarded to the Crivitz Fire Department and Building/Zoning Inspector.