First on the Lake  Applicant Information Name: Address:	Temporary Lar Change in Occu Applicatio Building Inspection Dep 160 S. Macy Street, Fond du I Phone (920) 322-3570 fdlinspe	ipancy on partment .ac, WI 54935	Address of Project: Lot #/Subdivision:
Day Phone:	Evening Phone:		Fax:
Business Name (if applicab	le):	Business A	ddress:
Property Owner: Phone Number:			
Project Information Details: (Check and/or Complete All That Apply)			
<ul> <li>Temporary Land Use – Outdoor Temporary Sales and/or Displays; Circus or Carnival</li> <li>Change in Occupancy – New Change in Building or Land Use (Change of Use Classification)</li> <li>Description of Previous Land or Occupancy Use:</li> </ul>			
Description of Proposed Temporary Land or New Occupancy Use:			
Date(s)/Time(s) of Proposed Activity:			
If Occupancy is Changing — New Proposed Occupancy Classification:			
Will Any Temporary Structure(s) Be Used?         Yes, please specify:       0-1,000 sq. ft.       1,001-3,000 sq. ft.       Greater than 3,001 sq. ft.         No         Will Any Scanners or Scales Be Used?			
□ Yes, Scanner(s) □ Yes, Scale(s) – Number: □ No			
Applicant Signature agrees to the terms of this Permit Application: (Sign Below)			
The applicant agrees to comply with the Wisconsin Enrolled Commercial Building Code, and all other applicable codes and municipal ordinances and with the conditions of this permit. The applicant understands that the issuance of the permit creates no legal liability, express or implied, on the department or municipality: and certifies that the information is accurate. The applicant agrees to allow the building inspection and assessing staff to access to the property for the inspection of this permit.			
Primary Applicant: DProp	perty Owner 🛛 🗆 Renter 🗆 Ot	her:	
Primary Applicant Name(Pri	nt):	Ph	one:
Primary Applicant Signature	:	Da	te: