



# RESIDENTIAL PERMIT REQUIREMENTS



## REQUIREMENTS

Building permits are required for most projects except for purely cosmetic projects such as painting and flooring. An owner-occupant can obtain permits and do their own work. All rental properties require a licensed contractor pull the permit and perform the work. Following is a list of common projects requiring a permit.

Siding	Windows/doors
Driveway paving	Sheds
Garages	Roofing
Electrical wiring	Water heater
New bathroom	Basement remodel
Decks/porches	Pools and spas

It is ultimately the responsibility of the property owner to make sure a permit is obtained. If you hire a contractor, make sure you see a permit card displayed in your front window before work begins. Before signing a contract with a contractor, call our office at 448-3300 and verify the person is licensed with the City of Green Bay.

## INFORMATION REQUIRED

Permits are obtained at Inspection office, 100 N. Jefferson Street, Monday through Friday from 8:00 a.m. to 4:30 p.m. To obtain a permit you may need the following.

- ❑ Site Plan. A site plan is a bird's eye view of your property drawn to scale showing property lines, buildings and driveways. Include as many measurements as possible especially distance from buildings to the property lines.
- ❑ Building Plan. For anything involving structural changes or new construction a framing plan is needed. Often you can

obtain this when you order your lumber, especially for garages and sheds.

- ❑ Estimated Project Cost.
- ❑ Names of all Contractors. This includes plumbers and electricians along with state credential numbers, addresses, and phone numbers.

## HISTORIC PRESERVATION COMMITTEE

Any property located in the historic district must go before this committee before building permits for exterior work will be issued. The committee meets the second Monday of every month at 4:45 p.m. in room 210. In order to get on the agenda for this meeting, materials (permit, photographs, ect.) must be submitted to the Inspection Department by 4:30 p.m. on the first Monday of the month.

The City appreciates the commitment property owners give to keep our neighborhoods healthy & safe.

“Our mission is to guide the evolution of the community by preserving, enhancing and developing sound economic opportunities and sustainable neighborhoods with balanced living choices.”

City of Green Bay  
Community Services Agency  
100 N. Jefferson St  
Green Bay, WI 54301  
Phone: (920) 448-3300  
Fax: (920) 448-3117  
[www.green-bay.org](http://www.green-bay.org)  
[inspmail@green-bay.wi.us](mailto:inspmail@green-bay.wi.us)

BUILDING PERMIT APPLICATION



CITY OF GREEN BAY  
DEPT. OF PLANNING  
INSPECTION DIVISION  
100 N JEFFERSON ST  
GREEN BAY, WI 54301

Phone No.: 448-3300 Fax No.: 448-3117

**\*Applicant Please Fill Out Bolded Areas\***

**Project Address:** \_\_\_\_\_

**Property Owner** \_\_\_\_\_ **Contractor Info. / GB License #** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner** – Do you own and occupy the above listed property? Yes / No

**Current Land Use** (circle one): 1-Family 2-Family Multi-Family-# of units \_\_\_\_\_ Commercial (describe) \_\_\_\_\_

**Project Scope:** Roofing (33) Siding (24) Fence (36) Window/Door Replacement (34) Driveway Expansion (35) Yard Shed (22)( $<150$  ft<sup>2</sup>)

**Description of Project:** \_\_\_\_\_

**Estimated Cost of Construction:** \$ \_\_\_\_\_

**Applicant Signature:** The applicant certifies that the information submitted, herein, is accurate; agrees to comply with the Wis. Admin. Code, Municipal Ord., and with the conditions of this permit; and understands that permit issuance creates no legal liability, expressed or implied on the Department of Municipality.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

\*In order to issue a permit to do work on a property in the City of Green Bay, the applicant must own and occupy the property or be a licensed contractor (holding a City of Green Bay license).

**\*Call (920) 448-3300 for required inspections between the hours of 8 a.m. to 4:30 p.m. Monday through Friday! Call during business hours to get on the next business day's schedule.**

**For Office Use Only:**

Project # \_\_\_\_\_ Parcel # \_\_\_\_\_  
Receipt # \_\_\_\_\_ Check # \_\_\_\_\_  
District # \_\_\_\_\_ Site Rvw \_\_\_\_\_  
Bldg Permit \_\_\_\_\_ **Total Cost \$** \_\_\_\_\_  
Reviewed By: \_\_\_\_\_ Credential Number: \_\_\_\_\_

**CITY OF GREEN BAY PROJECT PERMITS APPLICATION**

Planning Dept-Inspection Division 100 N. Jefferson St Green Bay, WI 54301 ph.448-3300 fax 448-3117 www.green-bay.org  
\*APPLICANT PLEASE FILL IN THE BOLDED AREAS THAT APPLY\*

<b>Project Address</b>		<b>Parcel #</b>	<b>Project No.</b>	
<b>Is a Variance Required? <input type="checkbox"/> No <input type="checkbox"/> Yes Variance No. <input type="checkbox"/> Granted <input type="checkbox"/> Denied</b>				
<b>Property Owner</b>		<b>Contractor</b>	<b>Green Bay License No.</b>	
Name		Name		
Company (if applies)		Company		
Address		Address		
City, State, Zip		City, State, Zip		
Phone No./Cell No. Fax #.		Phone/Cell Fax No.		
<b>Current Land Use, Flood Plain &amp; Zoning</b> (check which applies)				
Land Use: <input type="checkbox"/> Vacant Lot <input type="checkbox"/> 1-Family <input type="checkbox"/> 2-Family <input type="checkbox"/> Multi-Family-# of units _____, <input type="checkbox"/> Commercial (describe) _____				
Zoning: <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> RR <input type="checkbox"/> OR <input type="checkbox"/> NC <input type="checkbox"/> D <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> C-3 <input type="checkbox"/> LI <input type="checkbox"/> GI <input type="checkbox"/> BP <input type="checkbox"/> PI <input type="checkbox"/> CON <input type="checkbox"/> TND				
Flood Plain: <input type="checkbox"/> Yes Base Flood Elevation (BFE) _____ <input type="checkbox"/> No				
<b>Project Scope:</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Raze (demolish) <input type="checkbox"/> Change-of-use Height: _____				
Area: Finished _____ Unfinished _____ Total Bldg: _____				
<b>Description of Project ↓:</b>		<b>Estimated Cost of Construction \$</b>		
<b>Plan Approvals:</b>				
<input type="checkbox"/> Erosion Control # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____				
<input type="checkbox"/> PLG Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____				
<input type="checkbox"/> Building Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____				
<input type="checkbox"/> SWR Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____				
<input type="checkbox"/> HVAC Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____				
<input type="checkbox"/> Site Plan # _____ \$ _____				
<small>Contractors (Indicate all primary contractors that apply to this project. Name, Address, Phone Cert.#)</small>				
<input type="checkbox"/> BLDG	<b>PERMIT</b>			
<input type="checkbox"/> ELEC –	Elec Fee \$ _____			
<input type="checkbox"/> HVAC –	Hvac Fee \$ _____			
<input type="checkbox"/> PLBG – ___# of Fix	Plbg Fee \$ _____			
<input type="checkbox"/> SWR <input type="checkbox"/> Water <input type="checkbox"/> Storm <input type="checkbox"/> Sanitary	Swrs Fee \$ _____			
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY	C.O. \$ _____			
<input type="checkbox"/> Additional Permits (please list)	Addl. Fee \$ _____			
<input type="checkbox"/> Double Fee Permit	Double Fee \$ _____			
<b>Application Signature</b> The applicant certifies that information submitted, herein, is accurate; agrees to comply with the Wis. Admin. Code, Municipal Ord., and with the conditions of this permit; and understands that permit issuance creates no legal liability, expressed or implied on the Department or Municipality.				
<b>Signature of Applicant</b> _____		<b>Date</b> _____		
	Class Code	Census	Receipt #	Total \$
Review By	Cred. No.			

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