

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.greenbaywi.gov

APPLICANT PLEASE FILL IN THE BOLDED AREAS THAT APPLY

Project Address		Parcel #	Project #
Property Owner		Contractor	
Name		Name	
Company (if applies)		Company	
Address		Address	
City, State, Zip		City, State, Zip	
Phone No./Cell No.	Fax No. (if applies)	Phone No./Cell No.	Fax No.

Current Land Use, Flood Plain & Zoning (check which applies)
 Land Use: Vacant Lot 1-Family 2-Family Multi-Family-# of units _____, Commercial (describe) _____
 Zoning: R-1 R-2 R-3 RR OR NC D C-1 C-2 C-3 LI GI BP PI CON TND
 Flood Plain: Yes Base Flood Elevation (BFE) _____ No

Project Scope: New Addition Alteration Repair Move Raze (demolish) Change-of-use
 Height: _____ Area: Finished _____ Unfinished _____ Total Bldg: _____

Description of Project ↓:	Estimated Cost of Construction \$
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Plan Approvals

<input type="checkbox"/> PLG Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____	<input type="checkbox"/> Erosion Control # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____
<input type="checkbox"/> SWR 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"/> HVAC Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____
	<input type="checkbox"/> Site Plan # _____ <input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____

Contractors (UDC Numbers Required): DCC # _____ DCQ # _____

<input type="checkbox"/> BLDG	Bldg Fee \$
<input type="checkbox"/> ELEC -	Elec Fee \$
<input type="checkbox"/> HVAC -	Hvac Fee \$
<input type="checkbox"/> PLBG - _____ # of Fixtures	Plbg Fee \$
<input type="checkbox"/> SWRS - <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 (Sprinklers # _____/Curb Cut, Flood Plain, Erosion Control, Temp. Occupancy, Etc) (Please List)	Addl. Fee \$
<input type="checkbox"/> Double Fee Permit [s.15.07(b)] If application for a building permit has not been obtained prior to commencement of the job, applicable permit fee shall be doubled.	Double Fee \$

Application Signature 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 _____ or Municipality.

Signature of Applicant _____	Date _____
Review By _____	Cred. No. _____
Class Code _____	Census _____
Receipt No. _____	Total Fee _____

Copies To: WHITE/Assessor CANARY/File PINK/Applicant Dist # _____ Check _____

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.

→ **FINAL INSPECTIONS ARE REQUIRED FOR ALL PROJECTS** ←