

COMMUNITY SERVICES AGENCY  
INSPECTION DIVISION  
100 N. JEFFERSON ST., Room 610  
GREEN BAY, WI 54301



BUILDING  
PERMIT  
APPLICATION

Phone No.: 448-3300

Fax No.: 448-3117

Internet: [www.greenbaywi.gov](http://www.greenbaywi.gov)

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

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

PROPERTY OWNER	CONTRACTOR INFORMATION
Name	Name
Address	Address
Telephone No.	Telephone No.

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

**Current Land Use:**     1-Family     2-Family     Multi-Family     Commercial

**Project Scope**     Fence (36)     Driveway Expansion (35)     Yard Shed (22)(<150 ft<sup>2</sup>)

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

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

The applicant certifies that the information submitted herein is accurate, agrees to comply with the WI Admin. Code, Municipal Ordinance, 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**

Call (920) 448-3300 for required inspections between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday. Call during business hours to get on the next business day's schedule.

<b>For Office Use Only</b>	Project # _____	Receipt # _____
	Parcel # _____	District # _____
		Permit Cost \$ _____
Reviewed BY: _____		Credential # _____

WHITE – Assessor

Pink – Applicant

Yellow – File Copy