



BUILDING PERMIT APPLICATION

COMMUNITY SERVICES AGENCY
 Inspection Division
 100 N. Jefferson Street, Rm. 608
 Green Bay, WI 54301
 (920) 448-3300 - phone
 (920) 448-3117 - fax
inspmail@greenbaywi.gov

Project Address: _____

PROPERTY OWNER	CONTRACTOR INFORMATION
Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Email: _____	Email: _____

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 ft²)

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 or 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.

For Office Use Only	Project # _____	Receipt # _____
	Parcel # _____	District # _____
		Permit Fee \$ _____
Reviewed By: _____		Credential # _____