



# 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](mailto: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)( $<150$  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 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.

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