



## COMMERCIAL BUILDING PERMIT INFORMATION

This is a packet of Building, Electrical, Plumbing, HVAC, and Erosion Control permit forms you **must** complete to obtain the permits necessary for new construction, additions, and alterations of commercial buildings. The forms must be filled out and signed by the subcontractors and returned to you. After all plan reviews are completed and the department is allowed to issue the permits, you shall submit an all-inclusive packet containing all of the completed forms.

The **Project Permits Application** (the top form) must be completed for all projects. Fill out the form as well as you can and leave blank any areas you do not understand. Staff can help complete the form when you submit the packet.

The **Licensed Electrical Contractor's** permit form must be completed and signed by the electrical contractor and included in the application packet.

The **Licensed Plumbing Contractor's** permit form must be filled out by the plumbing contractor and included in the application packet.

The **Licensed Heating Contractor's** permit form must be filled out by the HVAC contractor and included in the application packet.

An **Erosion Control** permit form is also included and, if required, must be submitted with an **Erosion Control plan**.

You will only need to complete electrical, plumbing, HVAC, and erosion control permits if that type of work is associated with your project. If you are not doing electrical, plumbing, HVAC, or erosion control work you will not need those permits.

You may also need to submit building, electrical, plumbing, HVAC, and erosion control plans when you bring the permit packet in. If you are doing any exterior work a site plan may be required. Please explain the scope of your project when you pick up the permit application packet and we will be able to explain what information is required.

The total permit packet at the time of submittal must contain the Project Permits Application, any plans required, and an electrical, plumbing, HVAC, and erosion control permit if that work is being done. **All forms must be filled out and signed prior to issuance of permits.**

**If you have any questions concerning these permits, please contact the Inspection office at (920) 448-3300 and ask for a Building, Electrical, Plumbing, or HVAC Inspector.**

**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\***

<b>Project Address</b>	<b>Parcel #</b>	<b>Project #</b>
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<b>Property Owner</b>		<b>Contractor</b>	
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:\_\_\_\_\_

<b>Description of Project ↓:</b>	<b>Estimated Cost of Construction \$</b> _____
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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 # _____ \$ _____

**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.

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

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 ←**



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

# LICENSED CONTRACTOR ELECTRICAL PERMIT

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: \_\_\_\_\_  
Owner: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_  
Electrical Contractor: \_\_\_\_\_  
Electrical Contractor's Email: \_\_\_\_\_  
Electrical Contractor's Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Value of work: \$ \_\_\_\_\_

<b>This section for City use only</b>	
Project #:	_____
Permit Code:	_____
Permit Fee:	_____
Parcel #:	_____
Receipt #:	_____
Date:	_____

### OCCUPANCY

- Single-Family     Commercial     Educational     Multi-Family     Number of Units \_\_\_\_\_  
 Two-Family     Manufacturing     Other \_\_\_\_\_

### NATURE OF WORK

- Alteration     Repairs     Addition     Hot tub/spa     Swimming Pool  
 Remodeling     Sign     Detached Garage     Other \_\_\_\_\_

### JOB DESCRIPTION

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

**CONTRACTOR STATEMENT:** I hereby certify that the above wiring upon completion will be in compliance with the applicable federal, state, local electrical codes and utility service rules.

**“ENERGIZING THE DESCRIBED WIRING WILL IN NO WAY CREATE A HAZARD”**

State of WI Electrical Contractor Certification # \_\_\_\_\_ **&** WI Master Certification # \_\_\_\_\_  
(REQUIRED) (REQUIRED)

\_\_\_\_\_  
Signature (Master Electrician Responsible For Work)

\_\_\_\_\_  
Date

**INSPECTOR STATEMENT:** I hereby certify the work completed as of date signed complies with applicable codes.

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date

- Check box for Online Payment  
 Phone \_\_\_\_\_  Fax \_\_\_\_\_  Email \_\_\_\_\_

Choose one of the above to receive notification of project number and permit fee which is required to make payment online.



# LICENSED CONTRACTOR PLUMBING PERMIT

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

Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Value of Work: \$ \_\_\_\_\_

Name of Plumbing Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Plumbing Contractor Email: \_\_\_\_\_

**This section for City use only**

Project #: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby make application for a permit for the following described sewer/plumbing work at the above location.

Master Plumber

Signed: \_\_\_\_\_ Credential # \_\_\_\_\_

**FIXTURES ROUGHED IN FOR AND/OR INSTALLED** (please circle and indicate the number of fixtures)

Sinks	Hot water tanks	Soda fountains
Dishwashers	Water softeners	Bar connections
Garbage grinders	Water filters	Refrigerators
Disposals	Floor drains	Ice cube machines
Water Closets	Roof drains	Dental cuspidors
Wash basins	Drain tile receivers	Ice boxes
Bath tubs	Catch basin	Acid tanks
Shower stalls	Yard drains	Oil separators
Urinals	Grease trap (requires plan approval)	Connections to machines
Laundry tubs	Sumps	Connections to appliances
Bubblers	Pumps	Fire protection installations
Water Heaters	Ejectors	
Palmer Valve	RP Valves	<b>TOTAL FIXTURES</b>

Excerpt from City of Green Bay Plumbing Code:

Section 16.06 Permit must be procured before starting work: If any work regulated by the Plumbing Ordinance for which a permit is required is commenced without a permit first having been obtained thereof, double the permit fee herein prescribed shall be paid when a permit finally is obtained. Payment of any fee mentioned in this Section, however, shall in no way relieve any person of the penalties that may be imposed for violation of the Plumbing Ordinance.

**24-hours notice of inspection is required.**

Check box for Online Payment

The information below shall be provided for notification of project number and permit fee. This information is required to make payment online.

Phone \_\_\_\_\_  Fax \_\_\_\_\_  Email \_\_\_\_\_



# LICENSED CONTRACTOR HEATING PERMIT

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

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

Owner: \_\_\_\_\_

Heating Contractor: \_\_\_\_\_

Contractor's Email: \_\_\_\_\_

Contractor's Phone #: \_\_\_\_\_ Unit Price: \_\_\_\_\_ Value of Work: \_\_\_\_\_

**This section for City use only**

Project #: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Check all that's applicable:

**FURNACE:** Gas \_\_\_\_\_ Electric \_\_\_\_\_ Oil \_\_\_\_\_ Forced Air \_\_\_\_\_

**AIR CONDITIONER:** Forced Air \_\_\_\_\_ Central Air \_\_\_\_\_

**BOILER:** Steam \_\_\_\_\_ Hot Water \_\_\_\_\_ Res \_\_\_\_\_ Industrial \_\_\_\_\_ Commercial \_\_\_\_\_

**SPACE HEATER:** Type \_\_\_\_\_ Unit \_\_\_\_\_ Class \_\_\_\_\_

I hereby make application for a permit for the following described heating work at the above location.

Contractor's Signature: \_\_\_\_\_ Credential # \_\_\_\_\_

Check box for Online Payment

The information below shall be provided for notification of project number and permit fee. This information is required to make payment online.

Phone \_\_\_\_\_  Fax \_\_\_\_\_  Email \_\_\_\_\_

# Large-Site Erosion Control Application

**General Instructions:** Submit application and erosion control plan demonstrating reasonable compliance with Ch. 34, Green Bay Municipal Ordinance, for sites greater than one acre in size prior to commencing land-disturbing construction or land-development activity.

Address of Land-Disturbing Activity:	Parcel	Zoning Dist:	Plan Review
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Applicant: <input type="checkbox"/> Check if Property Owner Name _____ Company _____ Address _____ City, State, ZIP _____ Phone _____ Fax _____ Email _____	Erosion Control Contractor <input type="checkbox"/> Check if Applicant Name _____ Company _____ Address _____ City, State, ZIP _____ Phone _____ Fax _____ Email _____
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Description of Activity: (check all that apply)

Fill Site  
  Excavation Site  
  Construction Site  
 Acres - \_\_\_\_\_ Start - \_\_\_\_\_ End - \_\_\_\_\_

**Erosion Control Plan:** (provide 3 copies of the following plans)

1. **Existing Site Map** - A map of existing site conditions at a scale of at least 1" equals 100' showing the site and immediately adjacent areas includes
  - a. Site boundaries and adjacent lands which accurately identify site location;
  - b. Lakes, streams, wetlands, channels, ditches, and other water courses on the site and adjacent lands;
  - c. If located in the 100-year floodplain, indicate flood-fringe, floodway, base flood elevation, and flood protection elevation (Ch. 13-300.);
  - d. Identification of predominant soil types;
  - e. Location and general identification of the vegetative cover;
  - f. Location and dimensions of utilities, structures, roads, highways, and paving; and
  - g. Site topography at a contour interval not to exceed 5 feet.
2. **Final Site Plan** - A plan of final site conditions at the same scale as the existing site map showing the site changes. (Refer to "Site Plan Information Guide" for submission details)
3. **Construction Site Erosion Control Plan** - A plan at the same scale as the existing site map which demonstrates compliance with municipal code 34.09(1) including:
  - a. Location and dimensions of all proposed land-disturbing construction or land-developing activities;
  - b. Locations and dimensions of all temporary soil or dirt stockpiles;
  - c. Locations and dimensions of all construction site erosion control measures necessary to prevent erosion for each activity above;
  - d. Schedule of anticipated starting and completion date of each land-disturbing construction and land-development activity, including the installation of construction site erosion control measures needed to prevent erosion from occurring; and
  - e. Provisions for maintenance of the construction site erosion control measures during construction.

**Signature:**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Permit Conditions:** (Completed by City of Green Bay)

1. **Conditions of Approval** - This erosion control permit is hereby granted on the condition that the Applicant shall:
  - a. Notify the Planning Director or designated representative within 48 hours of commencing any land-disturbing construction or land-development activity;
  - b. Notify the Planning Director or designated representative of completion of any erosion control measures within seven days after their installation;
  - c. Obtain permission in writing from the Planning Director or designated representative prior to modifying the erosion control plan;
  - d. Install all erosion control measures as identified in approved erosion control plan;
  - e. Maintain all road drainage systems, storm water drainage systems, control measures, and other facilities identified in erosion control plan;
  - f. Repair any siltation or erosion damage to adjoining surfaces and roadways resulting from land-developing construction or land-disturbing activities;
  - g. Inspect the construction erosion control measures after each rain of 0.5" or more and at least once each week and make needed repairs;
  - h. Allow the Planning Director or designated representative to enter the site for the purpose of inspecting compliance with the erosion control plan or for performing any work necessary to bring the site into compliance with the erosion control plan; and
  - i. Keep a copy of the approved erosion control plan on the site.
2. **Surety Bond** - As a condition of approval and issuance of the permit, the Building Inspection Superintendent may require the applicant to deposit a surety bond or irrevocable letter of credit to guarantee a good faith execution of the approved erosion control plan and any permit conditions.  
  
 Surety Bond Amount \$ \_\_\_\_\_ Date Filed \_\_\_\_\_
3. **Duration** - This erosion control permit shall remain valid for a period of 180 days or for the length of the building permit, whichever is longer. The Planning Director or designated representative may extend the period one or more times for up to an additional 180 days, and may require additional erosion control measures as a condition of the extension if necessary to meet the requirements of this ordinance.

Permit Expiration Date \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_