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 to submit as an all-inclusive packet when all plan reviews are completed and we are allowed to issue the permits.

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. We 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 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 to submit.

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 this 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✳

Project Address	**Parcel Number**	Project No.

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 $_____**

Plan Approvals

☐ PLG Plan # _____ ☐ City ☐ SBD $_____

☐ SWR Plan # _____ ☐ City ☐ SBD $_____

☐ Erosion Control # _____ ☐ City ☐ SBD $_____

☐ Building Plan # _____ ☐ City ☐ SBD $_____

☐ HVAC Plan # _____ ☐ City ☐ SBD $_____

☐ Site Plan # _____ $_____

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

☐ BLDG	Bldg Fee $
☐ ELEC –	Elec Fee $
☐ HVAC –	Hvac Fee $
☐ PLBG –_____# of Fixtures	Plbg Fee $
☐ SWRS – ☐ Water ☐ Storm ☐ Sanitary	Swrs Fee $
☐ CERTIFICATE OF OCCUPANCY	C.O. $
☐ Additional Permits (Sprinklers #_____/Curb Cut, Flood Plain, Erosion Control, Temp. Occupancy, Etc) (Please List)	Addl. Fee $
☐ 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**

	Class Code	Census	Receipt No.	Total Fee
Review By Cred. No.				

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

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

Project Address: _____

Owner: _____ Owner's Phone #: _____

Electrical Contractor: _____

Electrical Contractor's Email: _____

Electrical Contractor's Phone #: _____ Cell #: _____

Value of work: $ _____

This section for City use only
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 #_____ **(REQUIRED)** & WI Master Certification #_____ **(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

www.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.

Signed: _____ Master Plumber 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	**TOTAL FIXTURES**

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

Titletown, USA
www.greenbaywi.gov

This section for City use only
Project #: _____
Permit Fee: _____
Parcel #: _____
Receipt #: _____
Date: _____

Project Address: _____

Owner: _____

Heating Contractor: _____

Contractor's Email: _____

Contractor's Phone #: _____ Unit Price: _____ Value of Work: _____

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_____

City of Green Bay
100 N. Jefferson St., Room 608
Green Bay, Wisconsin 54301-5026

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

Applicant: ☐ Check if Property Owner	Erosion Control Contractor ☐ Check if Applicant
Name	Name
Company	Company
Address	Address
City, State, ZIP	City, State, ZIP
Phone Fax	Phone Fax
Email	Email

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 _____

1 copy Inspection 1 copy construction site 1 copy applicant