



## RESIDENTIAL BUILDING PERMIT INFORMATION

This is a packet of Building, Electrical, Plumbing, and HVAC permit applications you **must** complete to obtain the permits necessary to remodel or add to your single family home or build a garage. You will not need all of the forms in this packet depending on who is performing the work.

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 for review.

The **Cautionary Statement** (the 2<sup>nd</sup> form) must be signed and dated if the homeowner is acting as the general contractor or doing any work on the project.

There are two Electrical permit applications (the 3<sup>rd</sup> & 4<sup>th</sup> form); one is the **Licensed Electrical Contractor's** permit form and the other is the **Homeowner's Electrical** permit form. If you are using an electrical contractor, please have the contractor fill out this permit and return it to you to submit with the application packet. If you own and live in the house and plan on doing the electrical work yourself, please contact a City electrical inspector at 920-448-3300 before filling out the **Homeowner's Electrical** permit and submit it with the application packet.

The 5<sup>th</sup> & 6<sup>th</sup> forms are the **Licensed Plumbing Contractor's** and the **Homeowner's Plumbing** permit forms. Like the electrical permits, if you are hiring a plumbing contractor he must fill out the permit and return it to you. If you, as the owner and occupant, are doing the plumbing work, complete the Homeowner's Plumbing permit form and submit it with the application packet. Contact a City plumbing inspector (920-448-3300) if you have any questions.

The 7<sup>th</sup> & 8<sup>th</sup> forms are the **Licensed Heating Contractor's** and the **Homeowner's Heating** permit forms. Again, if using a licensed contractor he must fill the form out and return it to you. If you, as the owner and occupant, are doing the HVAC work, complete the Homeowner's Heating permit form and submit it with the application packet. Contact a City HVAC inspector (920-448-3300) if you have any questions.

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

You may also need to submit building, electrical, plumbing, and HVAC plans when you bring the permit package in. If you are doing work outside the house (addition, new garage, etc.) a site plan may be required. Please tell us the scope of your project when you pick up the permit 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, the Cautionary Statement, any plans required, and an electrical, plumbing, and HVAC permit if that work is being done. **All forms must be filled out and signed prior to issuance of permits.**

**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.

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

Copies To: Assessor File 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 ←**



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

**CAUTIONARY STATEMENT  
TO PROPERTY OWNERS OBTAINING  
BUILDING PERMITS**

101.65(1r) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654(2)(a), the following consequences might occur:

- (a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arise out of the work performed under the building permit or that is caused by any negligence of the contractor that occurs in connection with the work performed under the building permit.
  
- (b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two-family dwelling code or an ordinance enacted under sub. (1)(a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by negligence by the contractor that occurs in connection with the work performed under the building permit.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

White – Owner/Agent

Pink – Office File



[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.



# HOMEOWNER'S APPLICATION FOR 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)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**This section for City use only**

Project #: \_\_\_\_\_  
Permit Code: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
Parcel #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Date: \_\_\_\_\_

Check one:       Addition to existing building       Swimming pool  
                      Detached garage                                       Other \_\_\_\_\_

Provide a sketch of the work you intend to do that shows the location of all electrical outlets (i.e. switches, receptacles, lights, etc.)

Briefly describe the electrical work you intend to do:

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

What type of wiring method(s) do you intend to use (i.e. Romex, EMT, PVC, direct buried cable)?

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

In the left column, state the size wire you intend to use and, in the corresponding column on the right, state the size over current device you intend to use to protect that wire:

Wire Size & Type	Over current device size
_____	_____
_____	_____

I am the sole owner and occupy the single-family dwelling at the above address and hereby assume all responsibility, liability, and further bind myself and my heirs for any and all damage to property and/or person that may result by not properly installing any electrical work at this address.

**NOTE:** Duplexes, condos and other similar dwelling units, which are physically attached to other dwelling units, are not single-family dwellings. The City electrical code allows homeowners to do wiring in existing single-family dwellings only.

Before insulating or covering any walls containing any wiring, call the Inspection Division at (920) 448-3300 for a rough-in inspection. At that time, all grounding splices should be made up permanently. When the job is completed, call for a final inspection prior to occupancy.

Application approved by: \_\_\_\_\_ Signed: \_\_\_\_\_

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

Electrical Inspector



# 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 \_\_\_\_\_



# HOMEOWNER'S APPLICATION FOR PLUMBING 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)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Description of work: \_\_\_\_\_

Number of fixtures roughed in for and/or installed: \_\_\_\_\_  
(\$7.00 per fixture, \$50.00 minimum permit fee)

Application is hereby made to do the above described plumbing work at the premises named above. Issuance of the permit is based on §145.13 of the State Code allowing a property owner to perform plumbing in a building owned and occupied by him as his home.

AFFIDAVIT: I hereby certify that I am the owner of the above described premises located in Green Bay, Brown County, and that I occupy such premises solely as a residence, in accordance with the Homestead Act of the laws of the State of Wisconsin. I further declare that if the permit is granted the plumbing work will be performed by myself in accordance with State and City regulations. Failure to do so will subject me to penalties described in the State and City Ordinances.

\_\_\_\_\_  
Owner's signature Date

The City of Green Bay hereby permits the above described plumbing work to be performed at the address stated above, subject to all laws and regulations of the City of Green Bay and the State of Wisconsin.

**When this job is complete, please call (920) 448-3300 to schedule a final inspection.**

By: \_\_\_\_\_  
Plumbing Inspector Date

**TWENTY-FOUR HOURS NOTICE OF INSPECTION REQUIRED**



# 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 \_\_\_\_\_



# HOMEOWNER'S APPLICATION FOR HEATING 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)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Description of work: \_\_\_\_\_

Application is hereby made to do the above described heating work at the premises named above. Issuance of the permit is based on §145.13 of the State Code allowing a property owner to perform heating work in a building owned and occupied by him as his home.

AFFIDAVIT: I hereby certify that I am the owner of the above described premises located in Green Bay, Brown County, and that I occupy such premises solely as a residence, in accordance with the Homestead Act of the laws of the State of Wisconsin. I further declare that if the permit is granted the heating work will be performed by myself in accordance with State and City regulations. Failure to do so will subject me to penalties described in the State and City Ordinances.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

The City of Green Bay hereby permits the above described heating work to be performed at the address stated above, subject to all laws and regulations of the City of Green Bay and the State of Wisconsin.

**When this job is complete, please call (920) 448-3300 to schedule a final inspection.**

By: \_\_\_\_\_  
Heating Inspector

\_\_\_\_\_  
Date

**TWENTY-FOUR HOURS NOTICE OF INSPECTION REQUIRED**