



SITE PLAN REVIEW APPLICATION

COMMUNITY SERVICES AGENCY
Inspection Division
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Green Bay, WI 54301
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Date: _____

Business Name: _____

Project Address: _____

Project Description: _____

Designer: _____

Contact Information

Name: _____

Address: _____

City, State & Zip: _____

Phone #: _____

Fax #: _____

Email: _____

REVIEW FEE EQUALS \$50 PLUS \$5 PER THOUSAND SQUARE FEET OF DEVELOPED AREA

Total Amount of Square Footage (*developed area*): _____

Total Cost of Site Plan Review: _____

Additional Notes: _____

For Office Use Only:

Project # _____

Site Plan # _____

Receipt # _____

Parcel # _____

Work Class # _____

Census Code: _____