

COMMUNITY SERVICES AGENCY
 INSPECTION DIVISION
 100 N. JEFFERSON ST., Room 610
 GREEN BAY, WI 54301



BUILDING
 PERMIT
 APPLICATION

Phone No.: 448-3300

Fax No.: 448-3117

Internet: www.greenbaywi.gov

Applicant Please Fill Out Bolded Areas

Project Address: _____ **District #:** _____

PROPERTY OWNER	CONTRACTOR INFORMATION
Name	Name
Address	Address
Telephone No.	Telephone No.

Property Owner – Do you own and occupy the above listed property? Yes No

Current Land Use: 1-Family 2-Family Multi-Family - # of Units _____

Commercial (describe) _____

Project Scope Fence (36) Driveway Expansion (35) Yard Shed (22)(<150 ft²)

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 of Municipality.

 Signature of Applicant

 Date

Call (920) 448-3300 for required inspections between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday. Call during business hours to get on the new business day's schedule.

FOR OFFICE USE ONLY	PROJ #	PARCEL #	RECEIPT #	CHECK #
	REVIEWED BY:		PERMIT FEE \$	