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PROJECT PERMITS APPLICATION

All fields must be completed before permit will be processed.

Department of Community and Economic Development
100 N. Jefferson Street, Rm 608
Green Bay, WI 54301-5026
(920) 448-3300 - phone
(920) 448-3426 - fax
inspmail@greenbaywi.gov

Project Address		Parcel #		Project # (assigned by City)	
Property Owner			Contractor		
Name			Name		
Company (if applies)			Company		
Address			Address		
City, State, Zip			City, State, Zip		
Phone #			Phone #		
Email			Email		
Current Land Use, Flood Plain & Zoning (check which applies)					
Land Use: Vacant Lot I-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					
(check all that apply) Height Area: Finished Unfinished Total Bldg: _____					
Description of Project ↓:			Estimated Cost of Construction \$		
Plan Approvals					
PLBG Plan # _____		City SBD \$ _____		<input type="checkbox"/> Erosion Control # _____ City <input type="checkbox"/> SBD \$ _____	
SVWR Plan # _____		City SBD \$ _____		<input type="checkbox"/> Building Plan # _____ City <input type="checkbox"/> SBD \$ _____	
Foot & Found Only # _____		City SBD \$ _____		<input type="checkbox"/> HVAC Plan # _____ 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 Fee \$ _____		Swrs Fee \$ _____
			<input type="checkbox"/> Storm Fee \$ _____		
			<input type="checkbox"/> Sanitary Fee \$ _____		
			Assessment \$ _____		
<input type="checkbox"/> CERTIFICATE OF OCCUPANCY			C.O. \$ _____		
<input type="checkbox"/> EROSION CONTROL			Erosion Ctrl \$ _____		
<input type="checkbox"/> ADDITIONAL PERMITS (Sprinklers # _____, Curb Cut, Flood Plain, 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 Wisconsin Administrative 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 or Municipality.					
_____ Signature of Applicant			_____ Date		
For Office Use Only					
Reviewed By _____		Class Code _____		Census _____	
Credencial # _____		Receipt No. _____		Total Fee _____	

To schedule an inspection, submit an online Inspection Request or call (920) 448-3300 at least one business day in advance. Final inspections are required for all projects.