www.greenbaywi.gov

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 ☐ 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: (check all that apply) ☐ 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

☐ PLBG Plan #_____ ☐ City ☐ SBD $_____
☐ SWR Plan #_____ ☐ City ☐ SBD $_____
☐ Foot & Found Only #_____ ☐ 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 Fee $_____ ☐ Storm Fee $_____ Assessment $_____ ☐ Sanitary Fee $_____ Assessment $_____	Swrs Fee $
☐ CERTIFICATE OF OCCUPANCY	C.O. $
☐ EROSION CONTROL	Erosion Ctrl $
☐ ADDITIONAL PERMITS (Sprinklers #_____, Curb Cut, Flood Plain, 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 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 Credential #	Class Code	Census	Receipt No.	Total Fee

To schedule an inspection, call (920) 448-3300 between 8:00 a.m. and 4:00 p.m. at least one business day prior to inspection date needed. Final inspections are required for all projects.

White - Office Yellow - Assessor Pink - Applicant

(Rev 12/16)