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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 # _____	<input type="checkbox"/> City <input type="checkbox"/> SBD \$ _____
Foot & Found Only # _____	City	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 Fee \$ _____	<input type="checkbox"/> Storm Fee \$ _____	<input type="checkbox"/> Sanitary Fee \$ _____
		Assessment \$ _____	Assessment \$ _____	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 _____	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.