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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

<b>Project Address</b>		<b>Parcel #</b>	<b>Project #</b> (assigned by City)	
<b>Property Owner</b>		<b>Contractor</b>		
Name		Name		
Company (if applies)		Company		
Address		Address		
City, State, Zip		City, State, Zip		
Phone #		Phone #		
Email		Email		
<b>Current Land Use, Flood Plain &amp; Zoning</b> (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				
<b>Project Scope:</b> New    Addition    Alteration    Repair    Move    Raze (demolish)    Change-of-use				
(check all that apply)    Height    Area: Finished    Unfinished    Total Bldg:				
<b>Description of Project ↓:</b>			<b>Estimated Cost of Construction \$</b>	
<b>Plan Approvals</b>				
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 # _____ \$ _____
<b>Contractors (UDC Numbers Required): DCC #</b>			<b>DCQ #</b>	
<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 \$ _____
			Assessment \$ _____	<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.8-47(g)(2)] If application for a building permit has not been obtained prior to commencement of the job, applicable permit fee shall be doubled.			Double Fee \$ _____	
<b>Application Signature</b> 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.				
_____ <b>Signature of Applicant</b>			_____ <b>Date</b>	
<b>For Office Use Only</b>				
_____ <b>Reviewed By</b>		Credential # _____	Class Code _____	Census _____
			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.**