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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> (check all that apply)					
New		Addition		Alteration	
Height		Area: Finished		Unfinished	
				Raze (demolish)	
				Change-of-use	
<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	# _____ 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	# _____ \$ _____
<b>Contractors (UDC Numbers Required for Dwellings):</b> <b>DCC #</b> <span style="float: right;"><b>DCQ #</b></span>					
<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 -CONNECTIONS Permit: <input type="checkbox"/> Water Fee \$ _____ <input type="checkbox"/> Storm Fee \$ _____ <input type="checkbox"/> Sanitary Fee \$ _____				Swrs Fee \$ _____	
Connection: \$ _____ Connection: \$ _____					
<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>					
Reviewed By _____		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.**