



# BUILDING PERMIT APPLICATION SHORT FORM

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](mailto:inspmail@greenbaywi.gov)

All fields must be completed before permit will be processed.

**Project Address:** \_\_\_\_\_

PROPERTY OWNER	CONTRACTOR INFORMATION
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone #:	Telephone #:
Email:	Email:

**Property Owner** – Do you own and occupy the above listed property?       Yes       No  
(check one)

**Current Land Use:**      I-Family      2-Family      Multi-Family      Commercial  
(check one)

**Project Scope:**      Fence (36)      Driveway Expansion (35)      Yard Shed (22)(<150 ft<sup>2</sup>)  
(check all that apply)

**Description of Project:** \_\_\_\_\_

**Estimated Cost of Construction:** \_\_\_\_\_

The applicant certifies that the information submitted herein is accurate, agrees to comply with the WI Admin. 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**

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.

<b>For Office Use Only</b>	
Project # _____	Receipt # _____
Parcel # _____	Permit Fee _____
Reviewed By: _____	Credential # _____