

CITY OF GREEN BAY  
DEPT. OF PLANNING  
INSPECTION DIVISION  
100 N JEFFERSON ST  
GREEN BAY, WI 54301



BUILDING  
PERMIT  
APPLICATION

Phone No.: 448-3300

Fax No.: 448-3117

Web: www.green-bay.org

**\*Applicant Please Fill Out Bolded Areas\***

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

**Property Owner**  
(name, address & phone)

**Contractor Info. / GB License #**  
(name, address & phone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Owner** – Do you own and occupy the above listed property? Yes / No

**Current Land Use** (circle one): 1-Family 2-Family Multi-Family-# of units \_\_\_\_\_  
Commercial (describe) \_\_\_\_\_

**Project Scope** (circle which ones apply): Roofing (33) Siding (24) Fence (36)  
Window/Door Replacement (34) Driveway Expansion (35) Yard Shed (22)( $<150$  ft<sup>2</sup>)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Applicant Signature:** The applicant certifies that the information submitted, herein, is accurate; agrees to comply with the Wis. Admin. Code, Municipal Ord., and with the conditions of this permit; and understands that permit issuance creates no legal liability, expressed or implied on the Department of Municipality.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

\*In order to issue a permit to do work on a property in the City of Green Bay, the applicant must own and occupy the property or be a licensed contractor (holding a City of Green Bay license).

**\*Call (920) 448-3300 for required inspections between the hours of 8 a.m. to 4:30 p.m. Monday through Friday! Call during business hours to get on the next business day's schedule.**

**For Office Use Only:** Project # \_\_\_\_\_ Parcel # \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ District # \_\_\_\_\_

Site Rvw \_\_\_\_\_ Bldg Permit \_\_\_\_\_ **Total Cost \$** \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Credential Number: \_\_\_\_\_