Project address:			Township	
			decks, remodeling, culverts, additions to for 24 months from date of application.	
Owner Name Address Phone				
Name of contractors w			Idness and phone	
Name of contractors us	sed on project, the	contractor ad	dress and phone.	
1				
2				
3				
Indicate type of project.				
Building garage or other accessory building		Buildir	ng a barn Dwelling addition.	
Dwelling remodel		Above ground pool		
Fence		Under ground pool		
Driveway or culvert				
Indicate size if this is for a r	new building: Width	ft. Lenoth	ft.	
indicate size if this is for a f			eight to top of roofft.	
Indicate square footage if th	nis is for a proposed ad	dition or remode	elingsq.ft	
Check all that apply.				
Heated or air conditioned are	a		Requires excavation for frost wall	
Full depth basement			Slab on grade foundation.	
Wood framing			Metal framing	
Masonry block walls			Asphalt roof.	
Shake Roof			Metal roof	
Brick or stone veneer			Metal siding.	
Vinyl siding.			Brick or stone veneer.	
Install basement egress windo	ow.		Install new bathroom fixtures.	
In floor PEX heating.			New windows.	
New furnace.			New water heater.	
N	ew electrical service par	nel installed	amps.	
New meter base installed	Underground	service	Overhead service.	
IF earth is disturbed EROS	ION CONTROL IS RI	EQUIRED FOR	THE PROJECT.	
Use (Comm 21. 125) of UDO	C code as a guide.)			
Erosion control measures sha	ll be placed along down-	-slope areas and a	along side-slope areas as required to prevent or	
reduce erosion during constru	ction that will result in a	a loss of soil to wa	aters of the state, public sewer inlets or off-site.	
			as curb and storm sewer. If this applies to your e accomplished. If you have obtained a county	
provide permit number.				
APPLICANT SIGNAT	TURE:		Date	
SEND FORM and FEE TO	: Tom Sr	nith Inspections		

Tom Smith Inspections 2740 Otto Court - Green Bay - WI 54313