

Multi-Family Addition/Alteration Application

Building Inspection Department 9915 39th Avenue

Pleasant Prairie, WI 53158 Phone: 262.694.9304 Community Development Department

9915 39th Avenue

Pleasant Prairie, WI 53158 Phone: 262.925.6726

		ov Email: communitydevelopment@pleasantprairiewi.gov					
Addres:	ECT DESCRIPTION	Tax Parcel Number(s)					
Develo	oment						
Project	Project Description/Scope of Work						
Additio	n Area (sq. ft.)						
	•						
Interior	Alteration Area (sq. ft.)						
Total C	onstruction Area (sq. ft.)						
# of Ne	ew Units being Added						
Estimated Construction Cost Est		Estimated Completion Date					
MINI	MUM SUBMITTALS 1 pdf copy and a paper co	ny if requested					
	Plat of Survey	by, il requested					
u	Construction Plans or State Approved Plans and Letter						
	Emergency Egress Lighting Plan and Lighting Worksheet, if applicable						
	Multi-Family Electrical, Plumbing and HVAC Applications, if applicable						
	Erosion Control Application, if applicable						
	llage may require additional information be su met. The Applicant will be contacted, if addition	bmitted to ensure that all Village requirements are onal information is required to be submitted.					

INSPECTIONS

All required inspections shall be scheduled at least 2 business days in advance by calling 262.694.9304 with the permit number.

REQUIRED SIGNATURES		_		_			_	
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By submitting this application, I certify that all of the information and attachments submitted are true and correct to the best of my knowledge. I understand that for any work started or completed without proper permits, a triple fee will be charged. I agree that all of the work will be done in accordance with all applicable Village, County, State and Federal codes, ordinance requirements and permit conditions. I also agree to allow the inspection of the premises by the Village's Inspectors during regular business hours.

PROPERTY OWNER	CONTRACTOR				
Company Name	Company Name				
Print Contact Name	Print Contact Name				
Signature	Signature				
Mailing Address	Mailing Address				
City/State/ZIP	City/State/ZIP				
Phone	Phone				
Email	Email				
Date	Date				
APPLICANT					
Company Name					
Print Contact Name					
Signature					
Mailing Address					
City/State/ZIP					
Phone					
Email					
Date					