



# Commercial Early Start Footing & Foundation Application

Building Inspection Department  
9915 39<sup>th</sup> Avenue  
Pleasant Prairie, WI 53158  
Phone: 262.694.9304  
Email: [buildinginspection@pleasantprairiewi.gov](mailto:buildinginspection@pleasantprairiewi.gov)

Community Development Department  
9915 39<sup>th</sup> Avenue  
Pleasant Prairie, WI 53158  
Phone: 262.925.6726  
Email: [communitydevelopment@pleasantprairiewi.gov](mailto:communitydevelopment@pleasantprairiewi.gov)

## PROJECT DESCRIPTION

Location/Address	Tax Parcel Number
Development	
<b>Project type (select one)</b>	
<input type="checkbox"/> New Commercial Building	<input type="checkbox"/> Addition to Commercial Building
<input type="checkbox"/> New Accessory Building	<input type="checkbox"/> Addition to Accessory Building
Project Description/Scope of Work	
Estimated Construction Cost	Estimated Completion Date

## MINIMUM SUBMITTALS 1 pdf copy and a paper copy, if requested

<input type="checkbox"/>	Plat of Survey
<input type="checkbox"/>	Footing and Foundation Plans
<input type="checkbox"/>	State "Permission to Start" Letter, if applicable
<input type="checkbox"/>	Erosion Control Application and Plan, if applicable
<input type="checkbox"/>	Commercial Driveway/Culvert Application, if applicable

**The Village may require additional information be submitted to ensure that all Village requirements are being met. The Applicant will be contacted, if additional 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

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