



## Commercial White Box 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

***This permit application is for interior alterations to an existing building where no tenant is proposed to occupy this space as a result the work described in this application. A separate Commercial Tenant Change Permit Application will be required when a new tenant is proposed to occupy this space.***

Address (include Suite #)	Tax Parcel Number
Development	Tenant
Project Description/Scope of Work	
Total Future Tenant Area (sq. ft.)	Construction Area (sq. ft.)
Estimated Construction Cost	Estimated Completion Date

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

<input type="checkbox"/>	Construction Plans or State approved Plans and Letter
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**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.**

### INSEPTIONS

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