



Multi-Family Accessory Building Application

Building Inspection Department
9915 39th Avenue
Pleasant Prairie, WI 53158
Phone: 262-694-9304
Email: buildinginspection@pleasantprairiewi.gov

Community Development Department
9915 39th Avenue
Pleasant Prairie, WI 53158
Phone: 262-925-6726
Email: communitydevelopment@pleasantprairiewi.gov

PROJECT DESCRIPTION

Address	Tax Parcel Number
Development	
Project Description/Scope of Work	
Proposed Use	
New Building Area (sq. ft.)	
Addition Area (sq. ft.)	
Interior Alteration Area (sq. ft.)	
Building Height (ft.)	
Siding Materials	
Roofing Materials	
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"/>	Construction Plans or State Approved Plans and Letter
<input type="checkbox"/>	Multi-Family Electrical, Plumbing and HVAC Applications, if applicable
<input type="checkbox"/>	Erosion Control Application, if applicable
<input type="checkbox"/>	Multi-Family 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

Company Name

Print Contact Name

Signature

Mailing Address

City/State/ZIP

Phone

Email

Date

CONTRACTOR

Company Name

Print Contact Name

Signature

Mailing Address

City/State/ZIP

Phone

Email

Date

APPLICANT

Company Name

Print Contact Name

Signature

Mailing Address

City/State/ZIP

Phone

Email

Date