



Roofing/Siding 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	

Check all that apply

<input type="checkbox"/> Flat Roof	<input type="checkbox"/> Overlay
<input type="checkbox"/> Ballasted	<input type="checkbox"/> Tear Off/Replacement
Current R-value	Current Number of Existing Layers
Proposed R-value	Propose Number of Layers
Proposed Roofing Material/Color (material colors/samples may be required to be submitted)	
Proposed Siding Material/Color (material color/samples may be required to be submitted)	
Estimated Construction Cost	Estimated Completion Date

MINIMUM SUBMITTALS

<input type="checkbox"/> Construction Plans
<input type="checkbox"/> Building Elevations (colorized), if applicable
<input type="checkbox"/> Property Owner Cautionary Statement, required if property owner is acting as their own Contractor
<input type="checkbox"/> Homeowners Association or Commercial Owner's Association Approval, 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