



Multi-Family Deck/Porch/Stairs 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

GENERAL INFORMATION

Address	Development	Tax Parcel Number
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Project Description/Scope of Work

Deck/Porch Area (sq. ft.)	Height of Structure (ft.)
Number of Steps	Total Height of Stairs (ft.)
Screen Porch Area (sq. ft.)	Total Height of Screen Porch (ft.)

Screen Porch materials (siding/walls, roof and flooring)

A fully glazed porch or sunroom requires an Addition Permit Application to be submitted.

Siding/Walls

Roof

Flooring

Will this deck surround an existing or proposed above ground swimming pool? <i>If yes, submit a Multi-Family Accessory Structure Application.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will a hot tub be placed on the deck? <i>If yes, submit a Multi-Family Accessory Structure Application with load calculations.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will your project include electrical work? <i>If yes, a Multi-Family Electrical Permit is required.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Estimated Construction Cost	Estimated Completion Date
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MINIMUM SUBMITTALS 1 pdf copy and a paper copy, if requested

<input type="checkbox"/>	Plat of Survey
<input type="checkbox"/>	Construction Plans
<input type="checkbox"/>	Multi-Family Electrical Applications, 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