



Multi-Family Accessory Structure Application

Swimming Pool, Hot Tub, Sports Court or other Accessory Structure

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
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Development

Project Description/Scope of Work

Select all that apply

<input type="checkbox"/>	Swimming Pool	
<input type="checkbox"/>	Hot Tub	
<input type="checkbox"/>	Sports Court	Sports Court Area (sq. ft.)
<input type="checkbox"/>	Other (specify)	

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 and Specifications
<input type="checkbox"/>	Fence Application, if applicable
<input type="checkbox"/>	Multi-Family Electrical Applications if applicable
<input type="checkbox"/>	Erosion Control 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