



## Commercial Racking Application

Building Inspection Department  
9915 39<sup>th</sup> Avenue  
Pleasant Prairie, WI 53158  
Phone: 262.694.9304  
Email: buildinginspection@pleasantprairiewi.gov

Community Development Department  
9915 39<sup>th</sup> Avenue  
Pleasant Prairie, WI 53158  
Phone: 262.925.6726  
Email: communitydevelopment@pleasantprairiewi.gov

### PROJECT DESCRIPTION

Address (include Suite #)	Tax Parcel Number
Development	Tenant
Project Description/Scope of Work	
Racking Area (cu.ft.)	
Material/Products to be Stored within the Racking System	
Are any of the materials/products to be stored classified as High Hazard Group H pursuant to the current WI adopted IBC? If yes, submit types and quantities of high hazard materials/products to be stored.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Construction Cost	Estimated Completion Date

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

<input type="checkbox"/> Racking Floor Plan and Installation	<input type="checkbox"/> High Hazard Group H types and quantities being stored, if applicable.
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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.

### 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/APPLICANT
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