



Commercial Accessory Building/Structure 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 (include Suite #)	Tax Parcel Number
Development	Tenant

Select one

<input type="checkbox"/>	New Accessory Building/Structure
<input type="checkbox"/>	Addition to existing Accessory Building/Structure
<input type="checkbox"/>	Interior Alterations to an existing Accessory Building/Structure

This application shall not be used for a commercial fence or modifications to a commercial communication structure. Separate permit applications are required for these permit types.

Project Description/Scope of Work

Proposed Use

Total New Building Area (sq. ft.)	Total New Building Area (cu. ft.)
Addition Area (sq. ft.)	Addition Area (cu. ft.)
Alteration Area within Existing Building (sq. ft.)	Alteration Area within Existing Building (cu. ft.)
Estimated Construction Cost	Estimated Completion Date

MINIUMAL SUBMITTAL 1 pdf copy and a paper copy, if requested

<input type="checkbox"/>	For a new or addition to an accessory building/structure a Plat of Survey or Site Plan if no survey is available, that shows the location of existing and proposed structures, any easements on the property and all required setbacks.
<input type="checkbox"/>	Construction Plans or State approved Plans and Letter

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