

TOWN OF PESHTIGO

2024

#24-01	Polzin, Bryan	#024-01770.008	New construction
#24-02	Kruckman, Rod	#024-00277.002	New Fire Number N985
#24-03	Biehl, Andy	#024-02491.004	Signs
#24-04	Biehl, Andy	#024-01812.007	Signs
#24-05	Wagner, James & JoAnn	#024-00475.000	New Fire Number N1103
#24-06	Kruckman, Rod	#024-00277.002	New electrical service
#24-07	Kniskern, Patrick & Debbie	#024-01610.001	Plumbing
#24-08	Bolen, Pat	#024-02260.003	Add solar panels
#24-09	Kruckman, Rod	#024-00277.002	Garage building
#24-10	Simonet, Juli	#024-02003.000	Deck
#24-11	Sisler, Jacob	#024-00107.011 #024-00107.021	New construction
#24-12	Callow, Mark	#024-00849.033	Deck
#24-13	Rhode, Jamie	#024-01763.003	New construction - garage
#24-14	Rhode, Jamie	#024-01763.003	New electrical service
#24-15	Eastman, George	#024-00471.001	New Fire Number N1419
#24-16	Sutek, Brad	#024-00174.003	New construction - garage
#24-17	Dean, Max	#024-00791.009	Addition – storage units
#24-18	Maney, Jeff	#024-02439.001	New construction - house
#24-19	Abcon Electric	#024-00103.003	Temporary electric service

#24-20	T. Olson Construction	#024-01865.012	New construction - garage
#24-21	Schutt, James	#024-01251.001	Accessory building – car port
#24-22	Drys, Adam	#024-02406.000	Install generator and transfer switch
#24-23	Knutson, Rick	#024-01322.002	Install generator and transfer switch
#24-24	Kusik, Tracy	#024-02248.001	Remodel interior and exterior
#24-25	Kusik, Tracy	#024-02248.001	Plumbing
#24-26	Kusik, Tracy	#024-02248.001	Electrical
#24-27	Kusik, Tracy	#024-02248.001	HVAC
#24-28	Ortman, Joel	#024-01733.003	Deck
#24-29	Rhude, Trygve	#024-02419.000	Fence
#24-30	Stone, Ray	#024-01847.000	New Fire Number N2901
#24-31	Nielson, Chad	#024-00267.002	New construction - house
#24-32	Eastman, George	#024-00471.001	Garage
#24-33	Monnette, Derek	#024-01171.003	Accessory Structure
#24-34	Sutek, Brad	#024-01174.002	Electrical
#24-35	Maguire, David	#024-02312.000	Addition remodel
#24-36	Maguire, David	#024-02312.000	Plumbing
#24-37	Maguire, David	#024-02312.000	HVAC
#24-38	Maguire, David	#024-02312.000	Electrical
#24-39	Siegwart, Matthew G.	#024-01337.000	New construction - house
#24-40	Valley, David	#024-00838.000	Deck
#24-41	Schahczenski, Gary	#024-02194.000	Breezeway attachment
#24-42	Vonau, Zach	#024-01741.006	New house construction
#24-43	Felmer, Clarence	#024-00672.002	Generator

#24-44	Coble, Steve	#024-01625.004	New construction – pole barn
#24-45	Coble, Steve	#024-01625.004	Electrical
#24-46	Void		
#24-47	Oberg, Justin	#024-00848.014	Solar array system
#24-48	Marinette County	#024-00734.000	Raze buildings
#24-49	Knutson, Rick	#024-01322.002	Deck
#24-50	Fraser, Marcel	#024-02222.000	Generator
#24-51	Withrow, Ron	#024-02006.000	Generator
#24-52	Lawler, Robert	#024-01716.011	Generator
#24-53	Maxwell, Brian	#024-02229.000	Generator
#24-54	Lamont, Jeff and Cheryl	#024-01939.000	New construction
#24-55	Walters, Andrew and Jada	#024-01443.002	Detached garage, siding and windows
#24-56	Walters, Andrew and Jada	#024-01443.002	Subpanel installation
#24-57	Void		
#24-58	Hoffman, Kent and Cathy	#024-02215.000	Door removal, siding
#24-59	Garza, Ben	#024-01856.012	Electric
#24-60	Klema, Cody	#024-01331.031	Detached garage
#24-61	Combes, Mike	#024-02021.000	Generator
#24-62	Long, Christopher	#024-01716.010	Chain link fence
#24-63	Dudka, Dean	#024-00103.003	Remodel
#24-64	Dudka, Dean	#024-00103.003	Home electric rewire
#24-65	Taco Bell	#024-01450.000	Sign
#24-66	Jasch, Andrea	#024-02017.000	Fence
#24-67	Schoenfeldt, Jeff	#024-01919.000	Interior updating

#24-68	Schoenfeldt, Jeff	#024-01919.000	Plumbing, new bath layout
#24-69	Schoenfeldt, Jeff	#024-01919.000	Interior updating
#24-70	Schoenfeldt, Jeff	#024-01919.000	Kitchen, master bath, main bath
#24-71	Pottratz, Robert	#024-01872.005	Generator
#24-72	Marzahl, Tim	#024-01856.002	Generator
#24-73	Calvert, Carla	#024-02427.000	Generator
#24-74	Ceranski, Brian	#024-013333.002	Generator
#24-75	Devcich, James	#024-01305.001	Culvert
#24-76	Dudka, Dean	#024-00103.003	Install Fireplace
#24-77	Keyport, Martin	#024-01154.001	Wood privacy fence
#24-78	Edgar, Matthew	#024-02394.000	Porch step deck
#24-79	Benson, Mark	#024-02314.000	Single family dwelling, garage
#24-80	Stapel, Ralph	#024-01886.002	Generator
#24-81	Hansen, Lois	#024-02092.000	Generator
#24-82	Vincent, Dan	#024-01184.018	Horse stall barn
#24-83	Vincent, Dan	#024-01184.018	Horse stall barn, electrical
#24-84	Vincent, Dan	#024-01184.018	Horse stall barn, plumbing
#24-85	Westlund, Thomas	#024-01857.002	Storage building
#24-86	Ruechel, Wayne	#024-01300.000	Single family dwelling
#24-87	Valentine, Robert	#024-01273.001	Deck
#24-88	Reinhold Sign – Motor Co	#024-01059.001	Signage
#24-89	Wood, Tim and Lisa	#024-02220.000	New construction
#24-90	Husbeck, Mark	#024-01118.000	Commercial/Industrial lighting and outlets
#24-91	Goerlinger, Robert	#024-01686.001	Electric

#24-92	Husbeck, Mark	#024-01118.000	Garage
#24-93	Koeppler, Mark	#024-01831.000	Electrical upgrade
#24-94	Wettstein, Tory	#024-01835.000	Electrical upgrade
#24-95	Lambrecht, David	#024-02224.000	Electrical upgrade
#24-96	Vieth, Kevin	#024-01827.001	Electrical upgrade
#24-97	Nerat, Brian	#024-01690.000	Driveway
#24-98	LaFave, Rayne	#024-00408.001	Raze and replace storage
#24-99	Cegelski, Kevin	#024-01334.013	Generator
#24-100	McDonald, Jasen	#024-01622.003	New Fire Number N2202
#24-101	Rupert, Kevin	#024-01667.006	Accessory building
#24-102	Rupert, Kevin	#024-01667.006	Accessory building plumbing
#24-103	Rupert, Kevin	#024-01667.006	Accessory building electrical
#24-104	Flaherty, Cathy	#024-01727.006	Generator
#24-105	Jones, Alan	#024-00074.001	Generator
#24-106	Loberger, Dustin	#024-01477.002	New Fire Number W1634
#24-107	Demler, Zachary	#024-01557.000	Garage construction
#24-108	Kaster, Scott	#024-02200.000	Garage remodel to a rec room
#24-109	Kaster, Scott	#024-02200.000	Electric to rec room
#24-110	Kaster, Scott	#024-02200.000	Install hot and cold run to rec room
#24-111	Hengel, Daniel	#024-01699.000	Bathroom change/room remodel
#24-112	Hengel, Daniel	#024-01699.000	House electrical
#24-113	Bailey, Brian E.	#024-01321.023	New Fire Number W1637
#24-114	Bergstrom, Harold	#024-01897.020	New garage construction
#24-115	Sebero, William	#024-02203.001	New construction, HVAC, electric, plumbing

#24-116	Fernstrum, Mary	#024-02409.000	Electrical panel
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SITE INFO	
SUBDIVISION LOT NO.: 4 BLOCK NO.: ZONING DISTRICT: SETBACKS: FRONT: 50 REAR: 80 LEFT: 50 RIGHT: 80	

PARCEL NO. 024-01770.008

INSPECTIONS			
PHASE	ROUGH	FINAL	EROSION
FOOTING			
FOUNDATION			
BSMT DRAIN TILES			
CONSTRUCTION			
PLUMBING			
HEAT/VENT/AC			
ELECTRICAL			
INSULATION			
OCCUPANCY			

CONTRACTORS			
TYPE	NAME	CREDENTIAL #	PHONE
Dwelling Contractor	Bryck and Sons Builders	dc-082200885	
Dwelling Contractor Qualifier	Bryan Polzin	dcq-012100068	
HVAC Contractor	LONG HEATING & COOLING INC	9332	
Electrical Contractor	SOLANDER ELECTRIC INC	1041312	
Master Electrician	MARK SOLANDER	272634	
Master Plumber	TOM JORNLIN	698999	

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM BUILDING PERMIT #: 24-01

Affix uniform
permit seal here
(when applicable)
Seal No.:

553266

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

Project:

Issued To	OWNER (AGENT):
	PHONE:
	BUILDING SITE ADDRESS: 24-1770.8 Rolling Hill Lane
	CITY, VILLAGE, TOWN: Town of PESHTIGO

Issued By	PERSON ISSUING: Bryan Lauritzen
	CERT. NO: 1471866
	DATE ISSUED: 2024-02-18
	PHONE: (920) 373-7598

Comments:

NOTICE OF NONCOMPLIANCE: This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violation, except erosion control ones, shall be corrected within 30 days of notification, unless extension time is granted.

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-02

Parcel No. _____

Permit Fee 40-

Check No. _____

Date: 2-18-24

Owner/Contractor Rod Kruckman

Project Type Fire Number Needed Phone Number 608-370-9568

Project Address N.W. End of Brooke Lane

Comments 24-277.2 Email Rod.kruckman@pieperpower.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage – Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage – Separate
<input type="checkbox"/> Remodel – Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel – Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ _____			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

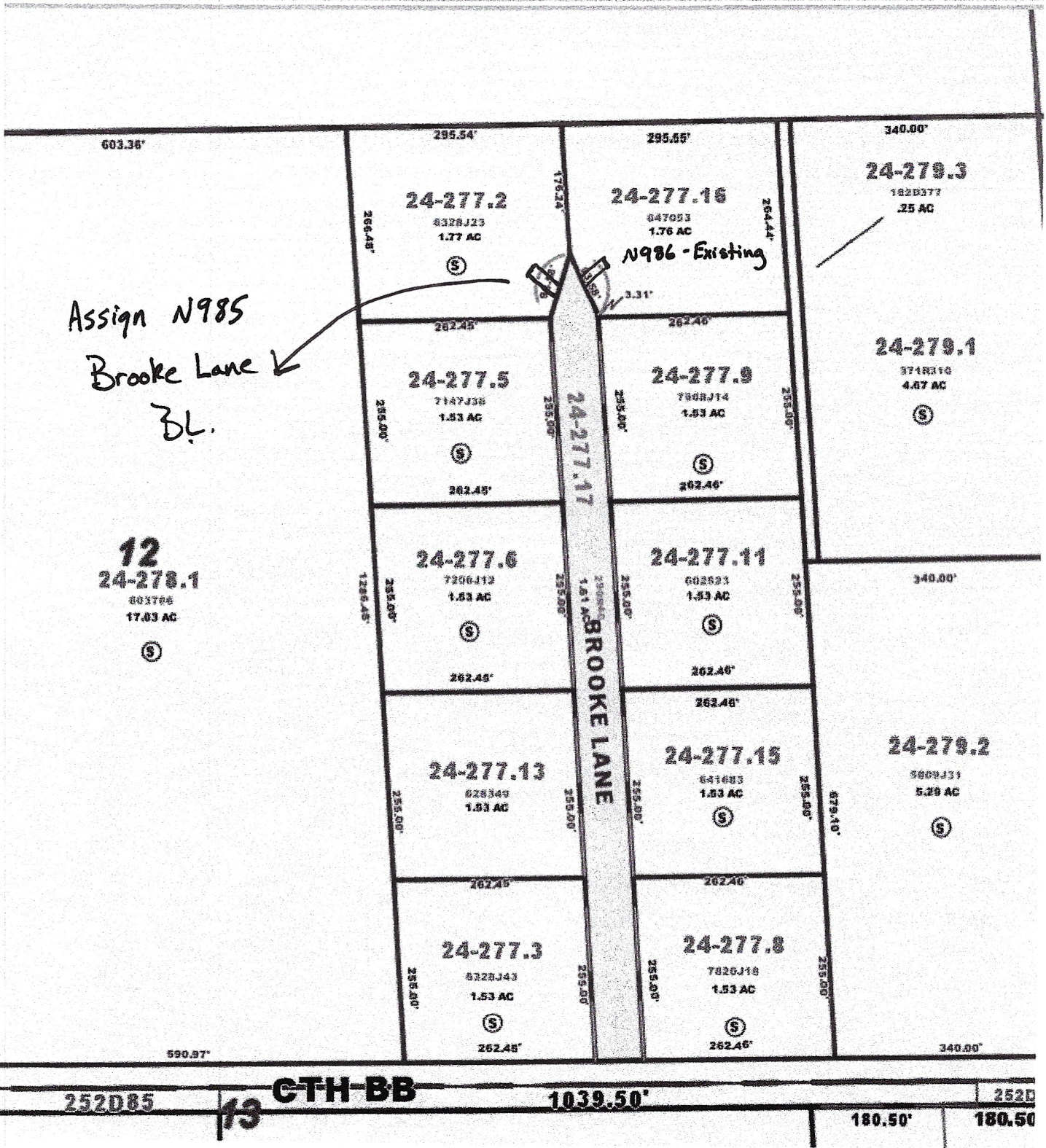
The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Rod Kruckman 02/07/2024 Applicant (print) Rod Kruckman

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598



BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-03
Parcel No. 24-2491.4
Permit Fee 90-
Check No. 2335
Date: 2-20-2024

Owner/Contractor <u>Andy Biehl</u>	
Project Type <u>Bp gas station</u>	Phone Number <u>715-330-1052</u>
Project Address <u>N 3900 Hwy 180 / Marinette, WI 54443</u>	
Comments <u>Update ^{two} canopies and storefront sign</u> Email <u>andy.biehl@mjbintlinc.com</u>	
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>Signs</u>	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ _____	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Apollo Imaging Address W 8627 WI-82 Telephone 608-408-6867
Email virginia@apolloimaging.org PO Box 200 / Oxford / WI / 53952
Architect/Designer Big Red Rooster Flaw Address 2 Northfield Plz, Ste 250 Telephone 847-441-1818
Northfield, IL 60093

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Virginia McFarland Applicant (print) Virginia McFarland
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-04

Parcel No. 24-1812.7

Permit Fee 90-

Check No. 2336

Date: 2-20-2024

Owner/Contractor Andy Biehl
Project Type Bp gas station Phone Number 715-330-1052
Project Address W716 County Hwy B / Marinette / WI / 54143
Comments Update pole sign + refresh canopy Email andy.biehl@mjbinc.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other <u>signs</u>	<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ _____			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Apelle Imaging Address W8627 W7-82 / OXFORD, WI
P.O. Box 200 / 53952 Telephone 608-408-6867

Email virginia@apelleimaging.org

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Virginia McFarland Applicant (print) Virginia McFarland

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

Please contact **BTS Inspections @ (414) 719-3850** for electrical permits and inspections if needed.

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-05
Parcel No. _____
Permit Fee 40-
Check No. 6072
Date: 3-4-24

Owner/Contractor <u>James E. Jo Ann Wagner</u>	
Project Type <u>Fire Number needed</u>	Phone Number <u>920-242-0228</u>
Project Address <u>parcel # 024-00475.000</u>	
Comments <u>fire number</u>	Email <u>jwagner707@shcglobal.net</u>
Application Type	Type of Building
<input type="checkbox"/> New Building	<input type="checkbox"/> One Family
<input type="checkbox"/> Addition	<input type="checkbox"/> Two Family
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Remodel - Exterior	<input type="checkbox"/> Commercial
<input type="checkbox"/> Deck	<input type="checkbox"/> Other _____
<input type="checkbox"/> Moving	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Siding	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Fence	
Other _____	
Estimated \$ _____	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Jo Ann Wagner Applicant (print) Jo Ann Wagner
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

Please assign N1103 for the above parcel. BL

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-06

Parcel No. _____

Permit Fee 90-

Check No. NA

Date 3-12-2024

Owner/Contractor Rod Kruckman

Project Type Electrical New Service Phone Number 608-370-9568

Project Address N985 Brooke Lane Peshtigo WI 54143

Comments _____ Email rod.kruckman@pieperpower.com

TYPE OF BUILDING		APPLICATION TYPE	
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required <u>X</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200A</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240V</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

New 200A pedestal and 200A panel, NEMA3R free standing post mounted service.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Tyler Kitelinger 1210717

Licensed Master Electrician (Print) License No.

Rod Kruckman 03/11/2024

Signature of Applicant

Rod Kruckman

Electrical Contractor

N1639 Fjord Circl Prairie du Sac WI 53578

Contractor Mailing Address

Prairie du Sac WI 53578

City

State

ZIP

\$1,200.00

Estimated Cost

3-11-2024

Date

608-370-9568

Contractor Telephone Number

Bryan Lauritzen

Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-07

Parcel No. 024-01610.001

Permit Fee \$111

Check No. 8068

Date: 3-17-24

Owner/Contractor <u>Patrick & Debbie Kniskern</u>	
Project Type <u>Replace Mixer Valve</u>	Phone Number <u>715-938-4480</u>
Project Address <u>N2309 Hale Road, Peshtigo, WI 54151</u>	
Comments <u>Plumbing</u>	Email _____
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input checked="" type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>6600</u>	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Bath Finer Address 3450B N 127th Street Telephone 262-524-8172
Email abolyard@bathfiner.com Brookfield, WI 53009

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Kyle Swalheim Applicant (print) Kyle Swalheim
State DC # 1260710 State DCQ # 031800064 Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-08
Parcel No. 024-02260.003
Permit Fee \$85
Check No. 5089
Date 3-21-2024

Owner/Contractor PAT BOLEN
Project Type ADD SOLAR PANELS Phone Number 715 923 2341
Project Address W622 BADER RD
Comments _____ Email _____

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input checked="" type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>SOLAR</u>	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE

<u>ADD</u> <input checked="" type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

ADD EIGHT PANELS TO EXISTING SYSTEM

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Licensed Master Electrician (Print) _____ License No. _____

Pat Bolen
Signature of Applicant

NA
Electrical Contractor

Contractor Mailing Address _____

City _____ State _____ ZIP _____

\$4000
Estimated Cost

3-21-24
Date

Contractor Telephone Number _____
Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-09

Parcel No. _____

Permit Fee 115-

Check No. NA

Date: 3-29-2024

Owner/Contractor Rod Kruckman

Project Type Garage Building Phone Number 608-370-9568

Project Address N985 Brooke Lane Peshtigo WI 54143

Comments Small garage thicken slab edge on grade Email Rod.kruckman@pieperpower.com

Application Type		Type of Building	
<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage – Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> Garage – Separate
<input type="checkbox"/> Remodel – Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel – Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>15,000.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>20'x40'</u>	1 st Floor _____	Front <u>95'</u>	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg <u>60'</u>	<input checked="" type="checkbox"/> Interior
Garage Area <u>800sq'</u>	3 rd floor _____	Side Yard <u>35'</u>	Type <u>R1</u>
No. Stories <u>1</u>	Volume _____	Rear Yard <u>55'</u>	Size <u>1.77 Acres</u>
Height <u>14</u>	Total Area <u>800sq'</u>		Area <u>78,000 sq'</u>

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>145'</u>	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard <u>88'</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>88'</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>88'</u>	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Rod Kruckman Address N1639Fjord Circle Telephone 608-370-9568

Email Rod.Kruckman@gmail.com

Architect/Designer Rod Kruckman Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Rod Kruckman 03/22/2024 Applicant (print) Rod Kruckman

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-10

Parcel No. _____

Permit Fee 100 -

Check No. PD Cash to Town 3-12-24

Date: 3-29-2024

Owner/Contractor <u>Juli Simonet</u>	
Project Type <u>deck</u>	Phone Number <u>(920) 360-0688</u>
Project Address <u>N1162 Shore Drive</u>	
Comments _____	Email <u>julisimonet15@gmail.com</u>

Application Type		Type of Building
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial
<input checked="" type="checkbox"/> Deck		<input type="checkbox"/> Other _____
Estimated \$ <u>20,000</u>		

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Steve Stock Address 1703 Park Ave, Oconto Telephone 920-373-4682

Email steve.stock50@gmail.com

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Juli Simonet Applicant (print) Juli Simonet

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

Steven Stock DCA-010800176 Steve Stock Const. DC-080200102

SITE INFO	
SUBDIVISION	
LOT NO.:	
BLOCK NO.:	
ZONING DISTRICT:	
SETBACKS:	
FRONT: 100	
REAR: 100	
LEFT: 75	
RIGHT: 75	

PARCEL NO. 024-00107.021 & 024-00107.011
--

INSPECTIONS			
PHASE	ROUGH	FINAL	EROSION
FOOTING			
FOUNDATION			
BSMT DRAIN TILES			
CONSTRUCTION			
PLUMBING			
HEAT/VENT/AC			
ELECTRICAL			
INSULATION			
OCCUPANCY			

CONTRACTORS			
TYPE	NAME	CREDENTIAL #	PHONE
HVAC Contractor	LEMKE HEATING & AIR CONDITIONING LLC	1051084	
Electrical Contractor	PUDG SODERBERG ELECTRIC	1139738	
Master Electrician	PUDG SODERBERG	245894	
Master Plumber	MATTHEW PETERS	224843	

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM

BUILDING PERMIT

#: 24-11

Affix uniform
permit seal here
(when applicable)
Seal No.:

556818

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	X

Project:

Issued To	OWNER (AGENT): Jacob Roy Sisler PHONE: (251) 377-4293 BUILDING SITE ADDRESS: Maple Hill Lane CITY, VILLAGE, TOWN: Town of PESHTIGO
-----------	---

Issued By	PERSON ISSUING: Bryan Lauritzen CERT. NO: 1471866 DATE ISSUED: 2024-03-29 PHONE: (920) 373-7598
-----------	--

Comments:

NOTICE OF NONCOMPLIANCE: This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violation, except erosion control ones, shall be corrected within 30 days of notification, unless extension time is granted.

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-12
Parcel No. _____
Permit Fee \$ 100.00
Check No. 2612
Date: 3/15/2024

Owner/Contractor <u>Mark Callow (owner)</u>		#024-00849.033	
Project Type <u>Deck</u>		Phone Number <u>(906) 424-0709</u>	
Project Address <u>W3262 Lauren Ln, Marinette, WI 54143</u>			
Comments <u>Tier 1 12x16 = 192 sq ft Tier 2 10x12 = 120 sq ft. Email markdcallow@hotmail.com</u> <u>total about 312 sq ft. + stairs.</u>			
Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input checked="" type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>15,000.00</u>			

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input checked="" type="checkbox"/> Posts No. _____

Contractor Home owner Address _____ Telephone _____
Email _____
Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Mark Callow Applicant (print) Mark Callow
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-13

Parcel No. 024-01763.003

Permit Fee 173-

Check No. 1175

Date: 03/25/2024

Owner/Contractor <u>Jamie Rhode</u>	
Project Type <u>Garage build (detached)</u>	Phone Number <u>(920) 621-8164</u>
Project Address <u>W1814 Krause Rd Marinette, WI 54143</u>	
Comments <u>South east corner of property</u>	Email <u>rhode.it@gmail.com</u>
Application Type	Type of Building
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>approx. 65,000</u>	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area <u>30' x 46'</u>	3 rd floor _____	Side Yard <u>12 + Feet</u>	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size <u>30' x 46'</u>
Height <u>10' walls</u>	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor EUM Construction LLC Address N8640 US Hwy 141 Telephone (715) 938-7300

Email eumconstructionllc@gmail.com Crivitz, WI 54114

Architect/Designer Same as above Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Jamie Rhode Applicant (print) Jamie Rhode

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-14

Parcel No. 024-01763.003

Permit Fee 50-

Check No. 1175

Date 03/25/2024

Owner/Contractor Jamie Rhode

Project Type Garage build Phone Number (920) 621-8164

Project Address W1814 Krause Rd Marinette, WI 54143

Comments _____ Email rhode.jt@gmail.com

TYPE OF BUILDING		APPLICATION TYPE		
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	
CLASS OF SERVICE				
<input checked="" type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire	
<input type="checkbox"/> Service Change	Amp <u>100</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire	
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire	

List a brief description of the work and the areas where the work will be conducted:

Run wire from house to new garage, box to supply lights and outlets. Garage mainly for storage and household tools.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Licensed Master Electrician (Print) _____ License No. _____

Jamie Rhode
Signature of Applicant

\$500-1000
Estimated Cost

03/25/2024
Date

Electrical Contractor _____

Contractor Telephone Number _____

Contractor Mailing Address _____

Bryan Lauritzen
Electrical Inspector

City _____ State _____ ZIP _____

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-15

Parcel No. 24-471.1

Permit Fee 75-

Check No. 8179

Date: 4-7-24

Owner/Contractor GEORGE EASTMAN - 4873 W. JACK PINE CT Appleton, WI
Project Type FIRE NUMBER Phone Number 715-938-5171
Project Address 24-471.1
Comments _____ Email EASTMAN_102@hotmail.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ _____			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) _____ Applicant (print) _____

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-16

Parcel No. 024-01174-003

Permit Fee 169-

Check No. Cash

Date: 03/15/2024

Owner/Contractor Brad Sutek

W2630 correction

Project Type New construction

Phone Number 715-938-4115

Project Address W4613 Topek Road, Peshtigo WI 54157

Comments Fire number needs to be changed Email bradsutek@yahoo.com

Application Type		Type of Building	
<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>22,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor <u>N/A</u>	Front _____	<input type="checkbox"/> Corner
Basement Area <u>N/A</u>	2 nd floor <u>N/A</u>	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area <u>900 sq ft</u>	3 rd floor <u>N/A</u>	Side Yard _____	Type <u>A-2</u>
No. Stories <u>0</u>	Volume _____	Rear Yard _____	Size <u>26 A</u>
Height <u>10 foot</u>	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Brad Sutek Applicant (print) BRAD J SUTEK

State DC # _____ State DCQ # _____ Approved by [Signature]

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-17

Parcel No. 024 - 00719.004

Permit Fee \$90

Check No. 1006

Date: 4/2/2024

Owner/Contractor Max Dean
Project Type Storage Facility Expansion Phone Number 517-894-0400
Project Address W2042 WI-64, Marinette, WI 54143
Comments _____ Email max@mystoragegl.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input checked="" type="checkbox"/> Other <u>Storage units</u>	
Estimated \$ <u>216,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor <u>3,975 SF</u>	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type <u>Commercial</u>
No. Stories <u>1</u>	Volume _____	Rear Yard _____	Size <u>6.14 acres</u>
Height <u>8 FT</u>	Total Area <u>3,975 SF</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>115 FT</u>	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete <u>sills on red iron</u>
Side Yard <u>60 FT</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>115 FT</u>	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>90 FT</u>	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Max Dean Address 13811 Thompson Drive, Lowell, WI 54151 Telephone 517-894-0400
Email max@mystoragegl.com
Architect/Designer Max Dean Address 13811 Thompson Drive, Lowell, WI 54151 Telephone 517-894-0400

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Max Dean Applicant (print) Maxwell Dean
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598



Wisconsin Department of Safety and Professional Services Division of Industry Services



Online Building Permit System

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Below is the summary of the filed Permit by the Submitter. To edit, use the previous button to navigate thru sections of the permit application.

[<< PREVIOUS](#)

JURISDICTION : Town of PESHTIGO

PROJECT TYPE : New

PERMITS : Construction Electric Plumbing

PARCEL NUMBER :

Owner

NAME : J. MANEY

ADDRESS W1691 Canal Lane, PESHTIGO, 54117

CONTACT (920) 982-3694, jodi.maney@gmail.com

Contractors

DWELLING CONTRACTOR

NAME : MARQUARDT CUSTOM HOMES LLC

LIC/CERT # : 1300596 **EXP DATE :** 09/25/2024

ADDRESS , ,

CONTACT ,

DWELLING CONTRACTOR QUALIFIER

NAME : ROBERT H MARQUARDT

LIC/CERT # : 659391 EXP DATE : 08/14/2024

ADDRESS 6385 Beschta Ln, Lena, 54139

CONTACT ,

HVAC CONTRACTOR/QUALIFIER

NAME : GPS HEATING & COOLING SYSTEMS & SERVICE LLC

LIC/CERT # : 1006557 EXP DATE : 12/01/2025

ADDRESS 2600 CLEVELAND AVE, MARINETTE, 54143

CONTACT ,

ELECTRICAL CONTRACTOR

NAME : MT ELECTRIC LLC

LIC/CERT # : 1257000 EXP DATE : 06/30/2024

ADDRESS W4761 STATE HIGHWAY 180, WAUSAUKEE, 54177

CONTACT ,

ELECTRICAL MASTER ELECTRICIAN

NAME : MICHAEL JOSEPH TRACY JR

LIC/CERT # : 1100795 EXP DATE : 06/30/2024

ADDRESS W4761 STATE HIGHWAY 180, WAUSAUKEE, 54177

CONTACT ,

MASTER PLUMBER

NAME : JAMES C CORNELL

LIC/CERT # : 242930 EXP DATE : 03/31/2024

ADDRESS 1450 ENTERPRISE DR, DE PERE, 54115

CONTACT ,

SUBMITTER

NAME : J. MANEY

ADDRESS W1619 Canal Lane, PESHTIGO, 54117

CONTACT (920) 982-3694, jodi.maney@gmail.com

LOT AREA

AREA SQ. FT.

1 OR MORE ACRES SOIL WILL BE DISTURBED false

LOCATION : Town of PESHTIGO

Description

BUILDING

ADDRESS : W1691 Canal Ln , Peshtigo, 54157

COUNTY Marinette SUBDIVISON LOT NO. BLOCK NO.

ZONING

DISTRICT : PERMIT NUMBER :

SETBACKS Front ft.: Rear ft.: Left Ft.:Right ft.:

PROJECT INFORMATION

1. PROJECT TYPE : New

2. AREA :

AREA INVOLVED (SQ FT)	Unit 1	Unit 2	Total
Unfin. Bsmt.			0.00
Living Area	1928.00		1928.00
Garage	360.00		360.00
Deck/Porch			0.00
Total	2288.00	0.00	2288.00

3. OCCUPANCY : One Family, Garage

4. CONSTRUCTION TYPE :Site Built,

5. STORIES :1-Story

6. ELECTRIC :Entrance Panel Amps 200, Underground

7. WALLS :Wood Frame

8. USE : Permanent

9. HVAC EQUIP : Boiler Central AC

10. SEWER :Sanitary Permit , 3315C

11. WATER :On-Site Well

12. ENERGY SOURCE :

Space Htg : LP ,

Water Htg : LP ,

13. HEAT LOSS :46614

14. EST. BUILDING COST w/o LAND :416000.00

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

☒ I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.

SIGN/PRINT NAME: J. MANEY

DATE 3/29/2024 4:17 PM

CONTACT ([HTTPS://DPS.WI.GOV/PAGES/PROGRAMS/CONTACTS.ASPX](https://dps.wi.gov/pages/programs/contacts.aspx))

PRIVACY NOTICE ([HTTPS://WWW.WISCONSIN.GOV/PAGES/POLICIES.ASPX](https://www.wisconsin.gov/pages/policies.aspx))

WWW.WISCONSIN.GOV ([HTTP://WWW.WISCONSIN.GOV](http://www.wisconsin.gov))

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ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-19
Parcel No. #024-00103.003
Permit Fee 65.00
Check No. 1751-
Date 4-20-2024

Owner/Contractor Abcon Electric
Project Type Temp elec service Phone Number 920-209-0131
Project Address N1444 County Rd BB
Comments Temp O/H elec service 100A Email chase.abcon-electric.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE				
<input type="checkbox"/> New	Meters Required <u>1</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire	
<input type="checkbox"/> Service Change	Amp <u>100</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire	
<input checked="" type="checkbox"/> Temporary	Voltage <u>120/240</u>		<input type="checkbox"/> Four Wire	

List a brief description of the work and the areas where the work will be conducted:

Temp Elec service O/H 100A

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Chris Hietala 1070626
Licensed Master Electrician (Print) License No.

Signature of Applicant

Abcon Electric
Electrical Contractor

701 Sanatorium Rd
Contractor Mailing Address

Kaukauna WI 54130
City State ZIP

2000.00
Estimated Cost

4/15/24
Date

920-209-0131
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-20

Parcel No. 024-01856.012

Permit Fee 111-

Check No. 2061

Date: 4-20-24

Owner/Contractor <u>T. Olson Construction</u>	
Project Type <u>Garage</u>	Phone Number <u>920-539-6572</u>
Project Address <u>12778 Stanley Ln. Marinette WI 54143</u>	
Comments <u>24' by 32' detached garage.</u>	Email <u>Copperknockerdude@yahoo.com</u>
Application Type	Type of Building
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>42,000.00</u>	

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension _____ Basement Area _____ Garage Area <u>768 sq'</u> No. Stories _____ Height <u>12' walls 16' peak</u>	1st Floor _____ 2nd floor _____ 3rd floor _____ Volume _____ Total Area <u>768'</u>	Front _____ Main Bldg <u>16'</u> Side Yard <u>16'</u> Rear Yard _____
<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____	Main Bldg Setbacks	Type of Construction
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish <u>Vinyl siding</u>	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input checked="" type="checkbox"/> Concrete Slab
Type of Foundation	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts	<input type="checkbox"/> Wood No. _____

Contractor T. Olson Construction LLC Address 4011 Greenvale Rd Telephone 920-539-6572
De Pere WI 5415

Email Copperknockerdude

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Todd Olson Applicant (print) Todd Olson

State DC # 042100500 State DCQ # DCQ-042100544 approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-21
Parcel No. #024-01251.001
Permit Fee 50-
Check No. 3008
Date: 4-20-2024

Owner/Contractor JAMES SCHUTT
Project Type CAR PORT Phone Number 715-732-1693
Project Address W2361 PESH RD, MARINETTE WI 54143
Comments _____ Email JSCHUTT@new.rp.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other <u>CAR PORT</u>	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck	<u>Accessory Bldg</u>	<input checked="" type="checkbox"/> Other <u>accessory building</u>	
Estimated \$ <u>1200</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>14'x27'</u>	1 st Floor _____	Front <u>190</u>	<input type="checkbox"/> Corner
Basement Area <u>N/A</u>	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area <u>N/A</u>	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size <u>40 Acres</u>
Height <u>9'</u>	Total Area <u>378</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>None</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input checked="" type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) James Schutt Applicant (print) JAMES SCHUTT
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

\$150

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-22
Parcel No. # 024-02406.000
Permit Fee 150-
Check No. 1079
Date 4-20-2024

Owner/Contractor Adam Dryers
Project Type Generator Install Phone Number 715-804-8204
Project Address N2415 Shore drive, Marinette (Town of Peshtigo) 54143
Comments Installing a 200 AMP transfer switch Email maggie@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Gen install</u>	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Installation of a 200 AMP transfer switch

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Mike Maternowski 1060301
Licensed Master Electrician (Print) License No.

[Signature]
Signature of Applicant

Adams Generators
Electrical Contractor

7100 US Hwy 51
Contractor Mailing Address
Hazelhurst WI 54631
City State ZIP

\$10,500
Estimated Cost

4/12/24
Date

715-804-8204
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

\$100

Permit No. 24-23
Parcel No. #024-01322.002
Permit Fee 150-
Check No. 1089
Date 4-20-2024

Owner/Contractor Bick Knutson / Adams Generators
Project Type Generator/transferswitch Phone Number 715-804-8204
Project Address W1598 Rader Road, Marinette, WI 54143
Comments _____ Email _____

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Generator install</u>	<input type="checkbox"/> Demo
CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required <u>1</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Installation of an 18kW Generac Generator & a
200 AMP Transfer Switch

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Mike Maternowski 1100304
Licensed Master Electrician (Print) License No.
M. Maternowski
Signature of Applicant
Adams Generators
Electrical Contractor
7100 US Hwy 51
Contractor Mailing Address
Hazelhurst WI 54131
City State ZIP

10,500
Estimated Cost
4/16/24
Date
715-804-8204
Contractor Telephone Number
Bryan Lawriter
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-24

Parcel No. #024-02248.001

Permit Fee 374-

Check No. 1042

Date: 4-20-24

Owner/Contractor <u>Tracy Kusik / Custom Kreationz, Inc</u>	
Project Type <u>Remodel/repair</u>	Phone Number <u>920 8511908</u>
Project Address <u>N 2736 Shore Drive Marinette 54143</u>	
Comments <u>MAILING ADDRESS 222 Nicolet Pl (Kusik) De Pere 5445</u>	Email <u>bestnewhomeswi@gmail.com</u>
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Remodel - Interior <input checked="" type="checkbox"/> Remodel - Exterior - Siding <input type="checkbox"/> Deck +/-	<input checked="" type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other
<input type="checkbox"/> Moving <input checked="" type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input checked="" type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>59,000</u>	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension _____	1 st Floor <u>~1100sq ft</u>	Front _____	<input type="checkbox"/> Corner
Basement Area <u>~800sq ft</u>	2 nd floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area <u>~600</u>	3 rd floor _____	Side Yard _____	Type _____
No. Stories <u>1 w/ exposed lower</u>	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input checked="" type="checkbox"/> Full Bsmt <u>exposed</u>	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input checked="" type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Custom Kreationz Inc Address 6660 Old 29 Rd Telephone 920 865-7700
Email frontoffice.cki@gmail.com Seymour 54465

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Tracy Kusik Applicant (print) Tracy Kusik
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-25
Parcel No. _____
Permit Fee 135-
Check No. 1042
Date 4-20-2024

Owner/Contractor Tracy Kusik / Tony
Project Type new bath remodel bath & kitchen Phone Number 920 8511908
Project Address N2736 Shore Drive Marinette 54143
Comments mailing address Email bestnewhomeswi@gmail.com
222 Nicolet Pl De Pere WI 54115

TYPE OF BUILDING

- ☒ One Family
☐ Two Family
☐ Other (specify) _____
- ☐ Multi-Family
☐ Commercial

APPLICATION TYPE

- ☐ New Building
☒ Remodeling
☐ Other (specify) _____

WATER CLOSETS	3	CLOTHES WASHERS	1
WASH BASINS		LAUNDRY TRAYS	
BATH TUBS	1	WATER HEATERS	1
SHOWER STALLS	3	FLOOR DRAINS	
SINKS	3 5	SUMP PUMPS	
DISPOSALS	0	WHIRLPOOL TUBS	0
DISHWASHERS	1	URINALS	0
GREASE INTERCEPTORS	0	BAR SINKS	1
DRAIN TILE RECEIVERS	1 ?	GARAGE DRAINS	0
SITE DRAINS		OTHER	

Applicant hereby agrees to perform work pursuant to local and state plumbing code.

Tony Brix 839448
Licensed Master Plumber (Print) License No. 0636125

Signature of Applicant

Brix Plumbing LLC
Plumbing Contractor

W7657 Wagner Rd
Contractor Mailing Address
Wausaukee WI 54177

City State ZIP

\$9,000
Estimated Cost

2.23.24
Date

715-732-6630
Contractor Telephone Number

Bryan Lauritzen
Plumbing Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

④ new sub-contractor 9.1.24

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-25

Parcel No.

Permit Fee

Check No.

Date

Owner/Contractor

Tracy Kusik

Project Type

remodel & new bath

Phone Number

920 851 1908

Project Address

N2736 Shore Drive

Marinette 54143

Comments

④ mailing address

Email

bestnewhomeswi@gmail.com

TYPE OF BUILDING

222 Nicolet Pl. De Pere 54115

APPLICATION TYPE

gmail. (Pn)

☒ One Family

☐ Multi-Family

☐ New Building

☐ Two Family

☐ Commercial

☐ Remodeling

☐ Other (specify)

☐ Other (specify)

WATER CLOSETS

4

CLOTHES WASHERS

1

WASH BASINS

LAUNDRY TRAYS

BATH TUBS

1

WATER HEATERS

1 or 2

SHOWER STALLS

3

FLOOR DRAINS

SINKS

6

SUMP PUMPS

DISPOSALS

0

WHIRLPOOL TUBS

0

DISHWASHERS

1

URINALS

0

GREASE INTERCEPTORS

0

BAR SINKS

+/- 1

DRAIN TILE RECEIVERS

0

GARAGE DRAINS

0

SITE DRAINS

OTHER

Applicant hereby agrees to perform work pursuant to local and state plumbing code.

Pat Bouchard Plumbing

Licensed Master Plumber (Print)

License No.

Signature of Applicant

Pat Bouchard

Plumbing Contractor

6916 Country Oaks Dr.

Contractor Mailing Address

Sobieski WI 54171

City

State

ZIP

Estimated Cost \$11,000

Date

9.1.24

Contractor Telephone Number

920 655 2455

Plumbing Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-26

Parcel No. _____

Permit Fee 85-

Check No. 1042

Date 4-20-2024

Owner/Contractor Tracy Kusik

Project Type remodel Phone Number 920 851 1908

Project Address N 2736 Shore Drive Marinette 54443

Comments mailing address 222 Nicolet Dr. Port St Lucie Email bestnewhomeswi@gmail.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input checked="" type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input checked="" type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

new breaker box if needed. new fixtures, new switches to replace old ones. Adding bathroom outlets

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

en suite.

Duane Gwidt 160341
Licensed Master Electrician (Print) License No.

[Signature]
Signature of Applicant

Gwidt Electric
Electrical Contractor

524 Stand Trail
Contractor Mailing Address

Pulaski WI 54162
City State ZIP

\$ 4,000
Estimated Cost

2-23-24
Date

920 822 5077
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

NO hot tub

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

HVAC PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-27

Parcel No. _____

Permit Fee 125

Check No. 1042

Date 4-20-2024

Owner/Contractor Tracy Kusik → move ducts

Project Type Minor remodeling HVAC Phone Number 920 851 1908

Project Address N 2736 Shore Dr Marinette 54143

Comments (4) mailing address Email bestnewhomeswi@gmail.com

222 Nicolet Pl De Pere WI

TYPE OF BUILDING		TYPE & QUANTITY OF INSTALLATION	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Oil Boilers
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Air Handler	<input type="checkbox"/> Rooftop
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Gas Boilers	<input type="checkbox"/> Unit Heaters
		<input type="checkbox"/> Gas Furnace	<input type="checkbox"/> Oil Furnace
		<input type="checkbox"/> Other (specify)	

TOTAL B.T.U.

Heating: _____ (List in B.T.U.'s) Air Conditioning: _____ (List in B.T.U.'s)

Air Conditioning Electrician: _____

Applicant hereby agrees to perform work pursuant to local and state HVAC code.

GORDON S GLEBE
Name of License Holder (Print)

[Signature]
Signature of Applicant

GPC/AGATING AND CULINB
HVAC Contractor

2600 CLEVELAND AVE
Contractor Mailing Address

MARINETTE WI 54143
City State ZIP

8,000
Estimated Cost

1006657
State HVAC Certification No.

715-732 2111
Daytime Telephone Number

Bryan Lauritzen
HVAC Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

④ new sub contractor 9.1.24

HVAC PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-27 - updated

Parcel No. _____

Permit Fee _____

Check No. _____

Date _____

Owner/Contractor

Tracy Kusik

Project Type

Moving ducts, add

Phone Number

920 851 1908

Project Address

N2736 Shore Dr. Marinette 54143

Comments

Mailing address @

Email

bestnewhomesWI@gmail.com

222 Nicolet Pl. De Pere 54115

TYPE OF BUILDING		TYPE & QUANTITY OF INSTALLATION	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Air Conditioning 1	<input type="checkbox"/> Oil Boilers _____
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Air Handler _____	<input type="checkbox"/> Rooftop _____
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Gas Boilers _____	<input type="checkbox"/> Unit Heaters _____
		<input type="checkbox"/> Gas Furnace _____	<input type="checkbox"/> Oil Furnace _____
		<input type="checkbox"/> Other (specify) _____	

TOTAL B.T.U.

Heating: _____

(List in B.T.U.'s)

Air Conditioning: TBD

(List in B.T.U.'s)

Air Conditioning Electrician:

Same as house Duane Gwidt #160341

Applicant hereby agrees to perform work pursuant to local and state HVAC code.

Richards Heating & Cooling #16287

Name of License Holder (Print)

\$9,000

Estimated Cost

#16287

Signature of Applicant

State HVAC Certification No.

920 336-0431

HVAC Contractor

1211 Flightway Dr.

Contractor Mailing Address

De Pere WI 54115

City

State

ZIP

Daytime Telephone Number

HVAC Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-28
Parcel No. #024-0733.003
Permit Fee 100-
Check No. 2157
Date: 4-27-24

Owner/Contractor	<u>Joel Ortman</u>		
Project Type	<u>Deck Build</u>	Phone Number	<u>920 598-0415</u>
Project Address	<u>W2195 Razzo Rd Marinette WI 54143</u>		
Comments	Email <u>joelortman@gmail.com</u>		

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other <u>Self-Built</u>	<input type="checkbox"/> Commercial	
<input checked="" type="checkbox"/> Deck	Estimated \$ <u>Materials 18-10k</u>	<input type="checkbox"/> Other	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension	1 st Floor	Front	<input type="checkbox"/> Corner
Basement Area	2 nd floor	Main Bldg	<input checked="" type="checkbox"/> Interior
Garage Area	3 rd floor	Side Yard	Type <u>Rural</u>
No. Stories	Volume	Rear Yard	Size <u>2.25 ac</u>
Height <u>~4ft</u>	Total Area		Area

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard	Exterior Finish	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No.

Contractor Self Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Joel Ortman
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-29
Parcel No. _____
Permit Fee 50-
Check No. 1641
Date: 5-2-2024

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Owner/Contractor <u>Trygve Rhude</u>	
Project Type <u>Fence</u>	Phone Number <u>715-923-5240</u>
Project Address <u>N2982 Cooke Ln Marinette, WI 54143</u>	
Comments <u>3 sections of fence each 16' in length</u> Email <u>rhude@new-rr.com</u> <u>See attached plat</u>	
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input checked="" type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>400.00</u>	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Self Address _____ Telephone _____
Email _____
Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Trygve Rhude Applicant (print) Trygve A. Rhude
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. Amended 24-29

Parcel No. (5-2-24)

Permit Fee BL

Check No. _____

Date: _____

Owner/Contractor Trygve Rhude

Project Type Fence

Phone Number 715-923-5240

Project Address N2982 Coote Ln Marinette, WI 54143

Comments 3 sections of fence each 16' in length Email rhude@new-rr.com
See attached plat

Application Type

- ☐ New Building
☐ Addition
☐ Remodel - Interior
☐ Remodel - Exterior
☐ Deck

- ☐ Moving
☐ Siding
☒ Fence
Other _____

Estimated \$ 400.00

Type of Building

9/19/24
Add an additional
96 Lf of fence
along the south
property line. Fence
to be located 1' off
the property line.

hed
ate

tion

n

Building Size Information

O.A. Dimension _____ 1st Floor _____
Basement Area _____ 2nd floor _____
Garage Area _____ 3rd floor _____
No. Stories _____ Volume _____
Height _____ Total Area _____

Main Bldg Setbacks

Set Back _____
Side Yard _____
Side Yard _____
Rear Yard _____

Type of Construction

- ☐ Frame
☐ Masonry
☐ Steel

Exterior Finish _____

- ☐ Full Bsmt
☐ Partial Bsmt
☐ Crawl Space
☐ Frost Wall
☐ Concrete Slab

- ☐ Concrete
☐ Block
☐ Pier Supports-Per Engineering
☐ Steel ☐ Wood
☐ Posts No. _____

Contractor Self Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Trygve Rhude

Applicant (print) Trygve A. Rhude

State DC # _____ State DCQ # _____

Approved by Bryan Lauritzen 9-24-24

Make payment payable to municipality & send to Inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

Town of Peshtigo

#24-30

Application for emergency address number.

Provide the following information:

Requesting new address for property to be placed at an existing road culvert. (yes) (no)

Requesting new address for property to be placed at a new driveway. (yes) (no)

Does this driveway serve more than one address. (yes) (~~no~~) If yes how many _____

With modern GPS navigation it is very important to have accurate measurements for the assignment of emergency address numbers. For this reason I will need to have an exact physical marker placed along the road for the location of where a culvert will be located if a culvert does not already exist. You must mark that spot on site by a lath / flagged post placed at the right of way that clearly identifies where the driveway will be located.

Draw arrow pointing to north.

I need to measure from the 911 numbers you provide for the driveways near you to your driveway.

Be sure to clearly mark with a flag or other means where the driveway culvert will be if not obvious at site.

Nearest existing Emergency number
to left when facing your property

N2819

Culvert size and length

18"

Nearest existing emergency number
to right when facing your property.

N2969

Center of drive for address request.

Assign N2901

Road name.

Green Gable

Property Owner

Ray + Lorrie Stone

Phone or email so I can notify you of address number 715-330-6141

Tax Parcel number 024-01847.000

If a recorded subdivision provide... Lot number _____ Subdivision name _____

Property Zoning _____

If this is a State Hwy contact the DOT and get a permit for placing driveway and provide that permit number _____

If this is a Marinette County Road contact them and get their approval for a driveway and provide that permit number. _____

Bryan Lauritzen
5-5-2024 PD#101986 24-30

ACTION REQUESTED BY APPLICANT

Requesting permit for a new driveway and placing new culvert in the roadway setback. (yes) (no)

Requesting permit to move or repair culvert in the roadway setback. (yes) (no)

Requesting approval for a new driveway in roadway setback without a culvert to town road. (yes) (no)

PROVIDE THE FOLLOWING INFORMATION TO SUPPORT YOUR APPLICATION

1. Proposed culvert material: _____ concret _____ PVC material approved for culvert applications ☒ metal
Used culverts not allowed without special approval.
2. Driveway length from principal structure or other main building to roadway. _____ feet.
3. A 25 foot in length by 18 foot width segment will be placed at each 200 feet of driveway length to provide passage of meeting emergency vehicles. ☒ yes _____ no (driveway is less than 200 feet to roadway)
4. Will a minimum 12 foot wide driveway be maintain to provide clearance for emergency vehicles for the full length?
☒ yes _____ no (Provide details if answer is no.)
5. Will a minimum height clearance of 18 feet be free of tree limbs and utility wires and be maintained for length of driveway
☒ yes _____ no (Provide details if answer is no.)
6. Driveway width 25 feet. Plus at least 2 feet wider at each end than driveway for total culvert length of _____ feet
7. Culvert will be placed at ditch line flow elevation with 2 to 5% slope. ☒ yes _____ no (Provide details)
8. Backfill material will be at least 6 inches or culvert manufacturer recommendation. (Must support emergency vehicles.)
9. Proposed backfill material for this application ☒ stone or gravel _____ sand or topsoil _____ clay
10. Will driveway be paved? ☒ No _____ asphalt _____ cement
11. Will driveway apron in the road ROW be paved? ☒ No _____ asphalt _____ cement
12. Driveway will be greater than 5 feet from a lot line. ☒ yes _____ no (Provide details if answer is no.)
13. Will 2 foot culvert endwalls be installed. ☒ yes _____ no (Provide details if answer is no.)
14. To your knowledge has water flooded over roadway at this location? _____ yes (Provide details) ☒ No _____ Unknown

Indicate north



Show where any field or wetland flow ditches entering the road ditch that would add to the normal ditch flow.

----- flow line for ditch [-----] -----
(Culvert located here)



Use arrow to show water flow direction

Distance in feet to your driveway

Distance in feet to your driveways

Nearest address to left when facing property

Driveway address if known.

Nearest address to right when facing

N 2819

Eryn Lauritzen
5-5-24 24-30

N 2969



SUBDIVISION

LOT NO.:

BLOCK NO.:

ZONING DISTRICT: A2

SETBACKS:

FRONT: 75

REAR: 75

LEFT: 75

SITE INFO

RIGHT: 75

PARCEL NO.

N1045

INSPECTIONS			
PHASE	ROUGH	FINAL	EROSION
FOOTING			
FOUNDATION			
BSMT DRAIN TILES			
CONSTRUCTION			
PLUMBING			
HEAT/VENT/AC			
ELECTRICAL			
INSULATION			
OCCUPANCY			

CONTRACTORS			
TYPE	NAME	CREDENTIAL #	PHONE
Master Plumber	MYRIL A BRIX III	839448	
Electrical Contractor	VDH ELECTRIC INC	1107500 - EC	
Master Electrician	RON LENTZ	170393 - ME	

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM

BUILDING PERMIT

#: 24-31

Affix uniform
permit seal here
(when applicable)
Seal No.:

556822

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	X

Project:

Issued To

OWNER (AGENT): Chad nielson

PHONE: (715) 923-0588

BUILDING SITE ADDRESS: N1045 Dura road

CITY, VILLAGE, TOWN: Town of PESHTIGO

Issued By

PERSON ISSUING: Bryan Lauritzen

CERT. NO: 121900098 - UDC

DATE ISSUED: 2024-05-08

PHONE: (920) 373-7598

Comments:

NOTICE OF NONCOMPLIANCE: This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violation, except erosion control ones, shall be corrected within 30 days of notification, unless extension time is granted.



(/dashboard)



Wisconsin Department of Safety and Professional Services Division of Industry Services



Online Building Permit System

[DELETE](#)[VIEW ISSUE PAGE](#)[CLICK HERE FOR PRINT](#)

Below is the summary of the filed Permit by the Submitter. To edit, use the previous button to navigate thru sections of the permit application.

[<< PREVIOUS](#)[PROCEED TO APPROVAL PAGE](#)

Permit is Approved. Close the window to exit this page.

JURISDICTION : Town of PESHTIGO

PROJECT TYPE : New

PERMITS : Construction HVAC Electric Plumbing

PARCEL NUMBER : N1045

Owner

NAME : Chad nielson

ADDRESS 190 South Emery Ave., Peshtigo, 54157

CONTACT (715) 923-0588, corinielson@gmail.com

Contractors

DWELLING CONTRACTOR

NAME :

LIC/CERT # : EXP DATE :

ADDRESS , ,

CONTACT ,

DWELLING CONTRACTOR QUALIFIER

NAME :

LIC/CERT # : EXP DATE :

ADDRESS , ,

CONTACT ,

HVAC CONTRACTOR/QUALIFIER

NAME :

LIC/CERT # : EXP DATE :

ADDRESS , ,

CONTACT ,

ELECTRICAL CONTRACTOR

NAME : VDH ELECTRIC INC

LIC/CERT # : 1107500 - EC EXP DATE : 06/30/2025

ADDRESS 3080 HOLMGREN WAY, GREEN BAY, 54304

CONTACT ,

ELECTRICAL MASTER ELECTRICIAN

NAME : RON LENTZ

LIC/CERT # : 170393 - ME EXP DATE : 06/30/2027

ADDRESS W12219 EAGLE ROAD, ATHELSTANE, 541049332

CONTACT ,

MASTER PLUMBER

NAME : MYRIL A BRIX III

LIC/CERT # : 839448 EXP DATE : 03/31/2025

ADDRESS W2657 WAGNER RD, WAUSAUKEE, 54177

CONTACT ,

SUBMITTER

NAME : Chad nielson
ADDRESS 190 South Emery Ave., Peshtigo, 54157
CONTACT (715) 923-0588, corinielson@gmail.com

LOT AREA

AREA 1608235.00 SQ. FT.
1 OR MORE ACRES SOIL WILL BE DISTURBED false
LOCATION : Town of PESHTIGO

Description

NE SW S12T29NR23E EX RD 658923 658924 DESC 706540&737560SUBJ TO 60' ESMT ON S/L IN 758857

BUILDING

ADDRESS : N1045 Dura road , Marinette, 54143
COUNTY Marinette SUBDIVISON LOT NO. BLOCK NO.

ZONING

DISTRICT : A2 PERMIT NUMBER :
SETBACKS Front ft.: 75.00 Rear ft.: 75.00Left Ft.:75.00Right ft.: 75.00

PROJECT INFORMATION

- 1. PROJECT TYPE : New
- 2. AREA :

AREA INVOLVED (SQ FT)	Unit 1	Unit 2	Total
Unfin. Bsmt.			0.00
Living Area	2023.00		2023.00
Garage	1970.00		1970.00
Deck/Porch	676.00		676.00

AREA INVOLVED (SQ FT)	Unit 1	Unit 2	Total
Total	4669.00	0.00	4669.00

3. OCCUPANCY : One Family

4. CONSTRUCTION TYPE :Site Built,

5. STORIES :1-Story

6. ELECTRIC :Entrance Panel Amps 200, Underground

7. WALLS :Wood Frame Steel

8. USE : Permanent

9. HVAC EQUIP : Boiler Central AC

10. SEWER :Sanitary Permit , 530175s

11. WATER :On-Site Well

12. ENERGY SOURCE :

Space Htg : LP ,

Water Htg : LP ,

13. HEAT LOSS :58232

14. EST. BUILDING COST w/o LAND :450000.00

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

☒ I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.

SIGN/PRINT NAME: Chad nielson

DATE 5/8/2024 7:43 PM

APPROVAL SECTION

ISSUING JURISDICTION

Town of

Peshigo

State-Contracted Inspection
Agency #:

Municipality Number of
Dwelling Location

38024

FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL#	PERMIT ISSUED BY:	
Plan Review Fee	<input type="text" value="100.00"/>	<input checked="" type="checkbox"/> Construction	<input type="text" value="556822"/>	Name	<input type="text" value="Bryan Lauritzen"/>
Inspection Fee	<input type="text" value="725.00"/>	<input checked="" type="checkbox"/> HVAC		Issue Date	<input type="text" value="5/8/2024"/>
WIS Permit Seal Fee	<input type="text" value="40.00"/>	<input checked="" type="checkbox"/> Electrical		Telephone	<input type="text" value="(920) 373-7598"/>
Other Fee	<input type="text" value="125.00"/>	<input checked="" type="checkbox"/> Plumbing		Cert No.	<input type="text" value="121900098 - UDC"/>
Total Fee	<input type="text" value="990.00"/>	<input checked="" type="checkbox"/> Erosion		Building Permit #	<input type="text" value="24-31"/>

Other Fee Explanation

(Max. Size 600 characters)

Enter Approval Conditions here:

(Max. Size 600 characters)

CONTACT ([HTTPS://DPS.WI.GOV/PAGES/PROGRAMS/CONTACTS.ASPX](https://dps.wi.gov/pages/programs/contacts.aspx))

PRIVACY NOTICE ([HTTPS://WWW.WISCONSIN.GOV/PAGES/POLICIES.ASPX](https://www.wisconsin.gov/pages/policies.aspx))

WWW.WISCONSIN.GOV ([HTTP://WWW.WISCONSIN.GOV](http://www.wisconsin.gov))

Municipality Town of Peshtigo

Certificate of Occupancy or Completion

On 3-21-2025 an inspection of the property located at N1045 Dura Road in the municipality of Town of Peshtigo, Wisconsin was completed. This New single family dwelling substantially complies with the codes and/or ordinances enforced at the time of inspection.

The following items must be completed:

1. Please maintain erosion control measures until vegetation is established.
2. —
3. —
4. —

Permit #: 24-31

Bryan Lawtzen

Municipal Inspector

3-22-2025

Date

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-32
Parcel No. 024-00471.001
Permit Fee 160 -
Check No. 8184
Date: 5-11-2024

Owner/Contractor <u>GEORGE EASTMAN</u>	
Project Type <u>GARAGE</u>	Phone Number <u>715-938-5171</u>
Project Address <u>NO FIRE NUMBER AS YET. N1419 Shore Dr</u>	
Comments <u>LOCATED APPROX 1/4 MILE NORTH OF EASTMAN ROAD/COUNTY BB</u> Email <u>EASTMAN_102@HOTMAIL</u>	
Application Type	Type of Building
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>30,000</u>	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>40' x 40'</u>	1 st Floor <u>10' WALLS</u>	Front <u>1000'</u>	<input type="checkbox"/> Corner <input checked="" type="checkbox"/> Interior
Basement Area _____	2 nd floor _____	Main Bldg _____	Type _____
Garage Area _____	3 rd floor _____	Side Yard _____	Size <u>103' W x 1082' D</u>
No. Stories _____	Volume _____	Rear Yard _____	Area _____
Height _____	Total Area _____		
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>150'</u>	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard <u>10'</u>	<input checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>50'</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>1000'</u>	Exterior Finish <u>VINYL</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor GEORGE EASTMAN Address 4873 W JACK PINE CT Telephone 715-938-5171
Email _____
APPLETON, WI

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspectors, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) George R Eastman Applicant (print) GEORGE R. EASTMAN
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-33
Parcel No. 24.1171.3
Permit Fee \$144.00
Check No. 5120
Date: 5-11-2024

Owner/Contractor Derek Monnette
Project Type Accessory Structure Phone Number 715-938-2945
Project Address W2718 Jopck Rd
Comments post frame building on a slab thickened on edges Email monnette00@yahoo.com

Application Type		Type of Building	
<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>27,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>30' x 48'</u>	1 st Floor _____	Front <u>276'</u>	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg <u>70'</u>	<input checked="" type="checkbox"/> Interior
Garage Area <u>1440</u>	3 rd floor _____	Side Yard <u>70'</u>	Type <u>A-2</u>
No. Stories <u>1</u>	Volume _____	Rear Yard <u>978'</u>	Size <u>10.01 ac</u>
Height _____	Total Area _____		Area <u>436830 sq ft</u>

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor self Address W2718 Jopck Rd Telephone 715-938-2945
Email _____
Architect/Designer Menards Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Derek Monnette
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-34

Parcel No. 024-01174-002

Permit Fee 60

Check No. Cash

Date 03/21/2024

Owner/Contractor BRAD SOTEK

Project Type NEW CONSTRUCTION Phone Number 715 938 4115

Project Address W 2613 JOPEK RD PESHIGO WI 54157

Comments _____ Email bradsotek@yahoo

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required <u>1</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

J.M. Electric 274026
Licensed Master Electrician (Print) License No.

Bryan Lauritzen
Signature of Applicant

\$1500
Estimated Cost

Date

J.M. Electric
Electrical Contractor
W4565 Schroeder Ln.
Peshigo, WI 54157
Contractor Mailing Address

Contractor Telephone Number
Bryan Lauritzen
Electrical Inspector

City _____ State _____ ZIP _____

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

J. M. Electric
W4565 Schroeder Ln.
Peshigo, WI 54157

BUILDING PERMIT

Permit No. 24-35Parcel No. 024-02312Permit Fee 716-Check No. 17072Date: 4/10/24**ProCheck Inspections, LLC**

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVACOwner/Contractor DAVID E. RUTH MAQUIRE TRUSTProject Type Addition / Remodel Phone Number 715-938-2405Project Address N2056 SHORE DR. MARINETTEComments OCCUPANT: MARISSA MAQUIRE Email maquire.marissa.j@gmail.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input checked="" type="checkbox"/> Addition	<input checked="" type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input checked="" type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input checked="" type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>450K</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>55'x68'</u>	1 st Floor <u>1815 FT</u>	Front <u>N/A</u>	<input type="checkbox"/> Corner
Basement Area <u>720 FT</u>	2 nd floor <u>1325 FT</u>	Main Bldg <u>N/A</u>	<input checked="" type="checkbox"/> Interior
Garage Area <u>1064 FT</u>	3 rd floor <u>N/A</u>	Side Yard <u>N/A</u>	Type <u>WATERFRONT</u>
No. Stories <u>1 1/2</u>	Volume <u>N/A</u>	Rear Yard <u>N/A</u>	Size <u>.5 ACRES</u>
Height <u>23</u>	Total Area <u>4924 FT</u>		Area <u>21,780 sq ft</u>

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>Vinyl Siding</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor NHC HOMES CORP. Address 5050 Hwy 141, Oconto Telephone 920-373-2211Email info@nhcbuilds.comArchitect/Designer W3t Home Designs Address 1767 Bridge Port Ln, De Pere Telephone 920-819-0069

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Traci Peard Applicant (print) Traci PeardState DC # 1070867 State DCQ # 1070818 Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-36

Parcel No. 024-02312

Permit Fee 265-

Check No. 17072

Date 4/10/24

Owner/Contractor DAVID & RUTH MAQUIRE TRUST

Project Type Addition / Remodel Phone Number 715-938-2405

Project Address N 2056 SHORE DR, MARINETTE

Comments OCCUPANT: Marissa Maquire Email maquire.marissa.j@gmail.com

TYPE OF BUILDING

- ☒ One Family ☐ Multi-Family
☐ Two Family ☐ Commercial
☐ Other (specify) _____

APPLICATION TYPE

- ☐ New Building
☒ Remodeling
☒ Other (specify) Addition

WATER CLOSETS <u>3</u>	CLOTHES WASHERS <u>1</u>
WASH BASINS <u>0</u>	LAUNDRY TRAYS
BATH TUBS <u>0</u>	• WATER HEATERS
SHOWER STALLS <u>2</u>	• FLOOR DRAINS
SINKS <u>5</u>	• SUMP PUMPS
• DISPOSALS	WHIRLPOOL TUBS
DISHWASHERS <u>1</u>	URINALS
GREASE INTERCEPTORS	BAR SINKS
DRAIN TILE RECEIVERS	• GARAGE DRAINS
SITE DRAINS	OTHER

Applicant hereby agrees to perform work pursuant to local and state plumbing code.

Ken Klemik 691334
Licensed Master Plumber (Print) License No.

\$22,000
Estimated Cost

Traci Hanel / Agent
Signature of Applicant

4/10/24
Date

Platinum Plumbing
Plumbing Contractor

920-621-4562
Contractor Telephone Number

7122 Spring Lake Rd
Contractor Mailing Address

Bryan Lauritzen
Plumbing Inspector

Sobieski, WI 54191
City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

HVAC PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-37

Parcel No. 024-02312

Permit Fee 159-

Check No. 17072

Date 4/10/24

Owner/Contractor DAVID P. ROTH MAGUIRE TRUST

Project Type Addition / Remodel Phone Number 715-938-2405

Project Address N 2054 SHORE DR, MARINETTE

Comments OCCUPANT: Marissa Maguire Email maguire.marissa.j@gmail.com

TYPE OF BUILDING		TYPE & QUANTITY OF INSTALLATION	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Air Conditioning	<input type="checkbox"/> Oil Boilers
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Air Handler	<input type="checkbox"/> Rooftop
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Gas Boilers	<input type="checkbox"/> Unit Heaters
		<input checked="" type="checkbox"/> Gas Furnace	<input type="checkbox"/> Oil Furnace
		<input type="checkbox"/> Other (specify)	

TOTAL B.T.U.

Heating: _____ (List in B.T.U.'s)

Air Conditioning: _____ (List in B.T.U.'s)

Air Conditioning Electrician: Gregg Reinhardt

Applicant hereby agrees to perform work pursuant to local and state HVAC code.

Reinhardt Heating & Cooling
Name of License Holder (Print)

Traci Fernald / Agent
Signature of Applicant

Gregg Reinhardt
HVAC Contractor

421 Ironwood Ct,
Contractor Mailing Address

Oconto WI 54153
City State ZIP

\$11,400
Estimated Cost

1431246
State HVAC Certification No.

(920) 373-4609
Daytime Telephone Number

Bryan Lauritzen
HVAC Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-38

Parcel No. 024-02312

Permit Fee 195-

Check No. 17072

Date 4/10/24

Owner/Contractor DAVID & RUTH MAQUIRE TRUST

Project Type Addition/Remodel Phone Number 715-938-2405

Project Address N 2056 Shore Dr, Marinette

Comments Occupant: Marissa Maquire Email maquire.marissa.j@gmail.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input checked="" type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input checked="" type="checkbox"/> Other (specify) <u>Addition/Remodel</u>		<input checked="" type="checkbox"/> Other (specify) <u>Addition</u>	<input type="checkbox"/> Other	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Electrical to be added to the addition. Also to Detached
Garage.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Curt Yake 664509
Licensed Master Electrician (Print) License No.

[Signature]
Signature of Applicant

JTC Ideal Electric
Electrical Contractor

1396 PLANE SITE BLVD
Contractor Mailing Address

DEPERE WI 54153
City State ZIP

\$15,000
Estimated Cost

4/10/24
Date

920-347-9244
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-40
Parcel No. _____
Permit Fee 100 -
Check No. 2638
Date: 5-20-2024

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Owner/Contractor DAVID VALLEY
Project Type DECK Phone Number 715-938-1187
Project Address N3892 COUNTY ROAD RW, PESHTIGO, WI. 54157-9415
Comments _____ Email jeandstrom001@new.rr.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input checked="" type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>2000.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>16' x 10'</u>	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type <u>RURAL</u>
No. Stories _____	Volume _____	Rear Yard _____	Size <u>.71 ACRES</u>
Height _____	Total Area <u>160 ft²</u>		Area <u>30,928 ft²</u>

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input checked="" type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input checked="" type="checkbox"/> Posts No. <u>6</u>

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) _____ Applicant (print) Bryan Lauritzen

State DC # _____ State DCQ # _____ Approved by _____

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-41

Parcel No. _____

Permit Fee 50-

Check No. 4405

Date: 25 APR 24

Owner/Contractor GARY SCHAH CZENSKI
Project Type CONNECT HOUSE TO GARAGE Phone Number 715-923-5418
Project Address W 432 OAKWOOD BEACH RD
Comments BREEZEWAY TO GARAGE FROM HOUSE Email K2GSKI@HOTMAIL.COM

Application Type		Type of Building
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Remodel - Exterior	Other <u>BREEZEWAY</u>	<input type="checkbox"/> Commercial
<input type="checkbox"/> Deck		<input checked="" type="checkbox"/> Other <u>BREEZEWAY</u>
Estimated \$ <u>35,000-</u>		

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>15' X 8'</u>	1 st Floor <u>1</u>	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories <u>1</u>	Volume _____	Rear Yard _____	Size _____
Height <u>APPROX 10'</u>	Total Area <u>120 SF</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor STELLMACHER STOCK Address 1703 PARK AVE Telephone 920-373-4682
OCONTO

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) GARY B. SCHAH CZENSKI
State DC # _____ State Dec # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598



Wisconsin Department of Safety and Professional Services Division of Industry Services



Online Building Permit System

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Below is the summary of the filed Permit by the Submitter. To edit, use the previous button to navigate thru sections of the permit application.

[<< PREVIOUS](#)[PROCEED TO APPROVAL PAGE](#)

Permit is Approved. Close the window to exit this page.

JURISDICTION : Town of PESHTIGO

PROJECT TYPE : New

PERMITS : Construction

PARCEL NUMBER :

Owner

NAME : Zach Vonau

ADDRESS N2075 Dahl rd, Marinette, 54143

CONTACT (715) 923-5142, z_von13@hotmail.com

Contractors

DWELLING CONTRACTOR

NAME :

LIC/CERT # : EXP DATE :

ADDRESS , ,

CONTACT ,

DWELLING CONTRACTOR QUALIFIER

NAME : Zach Vonau

LIC/CERT # : 533 - DCQ EXP DATE : 01/24/2026

ADDRESS W5809 13.5 LN., Wallace, 49893

CONTACT ,

HVAC CONTRACTOR/QUALIFIER

NAME : GPS HEATING & COOLING SYSTEMS & SERVICE LLC

LIC/CERT # : 1006557 - HVACCONT EXP DATE : 12/01/2025

ADDRESS 2600 CLEVELAND AVE, MARINETTE, 54143

CONTACT ,

ELECTRICAL CONTRACTOR

NAME : MARQUARDT ELECTRICAL SERVICES

LIC/CERT # : 1568375 - EC EXP DATE : 06/30/2026

ADDRESS N3388 SCHACHT RD, PESHTIGO, 54157

CONTACT ,

ELECTRICAL MASTER ELECTRICIAN

NAME : MITCHELL A MARQUARDT

LIC/CERT # : 1246091 - ME EXP DATE : 06/30/2024

ADDRESS N3388 SCHACHT RD, PESHTIGO, 54157

CONTACT ,

MASTER PLUMBER

NAME : JUSTIN MICHAEL TUMA

LIC/CERT # : 1119394 - PM EXP DATE : 03/31/2027

ADDRESS N407 RIVER DR, MENOMINEE, 49858

CONTACT ,

SUBMITTER

NAME : Zach Vonau

ADDRESS N2075 Dahl rd, Marinette, 54143

CONTACT (715) 923-5142, z_von13@hotmail.com

LOT AREA

AREA 6624.00 SQ. FT.

1 OR MORE ACRES SOIL WILL BE DISTURBED false

LOCATION : Town of PESHTIGO

Description

BUILDING

ADDRESS : N2075 Dahl rd , Marinette, 54143

COUNTY Marinette SUBDIVISON LOT NO. BLOCK NO.

ZONING

DISTRICT : PERMIT NUMBER :

SETBACKS Front ft.: 550.00 Rear ft.: Left Ft.:Right ft.: 160.00

PROJECT INFORMATION

1. PROJECT TYPE : New

2. AREA :

AREA INVOLVED (SQ FT)	Unit 1	Unit 2	Total
Unfin. Bsmt.			0.00
Living Area	2596.00		2596.00
Garage	919.00		919.00
Deck/Porch	330.00		330.00

AREA INVOLVED (SQ FT)	Unit 1	Unit 2	Total
Total	3845.00	0.00	3845.00

3. OCCUPANCY : One Family

4. CONSTRUCTION TYPE :Site Built,

5. STORIES :1-Story

6. ELECTRIC :Entrance Panel Amps 200, Underground

7. WALLS :Wood Frame

8. USE : Permanent

9. HVAC EQUIP : Boiler Central AC Fireplace

10. SEWER :Sanitary Permit , 000

11. WATER :On-Site Well

12. ENERGY SOURCE :

Space Htg : Nat Gas ,

Water Htg : Nat Gas ,

13. HEAT LOSS :60237

14. EST. BUILDING COST w/o LAND :446000.00

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

☒ I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.

SIGN/PRINT NAME: Zach Vonau

DATE 5/26/2024 10:02 AM

APPROVAL SECTION

ISSUING JURISDICTION

Town of

Peshtigo

State-Contracted Inspection

Agency #:

Municipality Number of

Dwelling Location

38024

FEES:		PERMIT(S) ISSUED	WIS PERMIT SEAL#	PERMIT ISSUED BY:	
Plan Review Fee	<input type="text" value="100.00"/>	<input checked="" type="checkbox"/> Construction	<input type="text" value="559364"/>	Name	<input type="text" value="Bryan Lauritzen"/>
Inspection Fee	<input type="text" value="725.00"/>	<input checked="" type="checkbox"/> HVAC		Issue Date	<input type="text" value="5/26/2024"/>
WIS Permit Seal Fee	<input type="text" value="40.00"/>	<input checked="" type="checkbox"/> Electrical		Telephone	<input type="text" value="(920) 373-7598"/>
Other Fee	<input type="text" value="125.00"/>	<input checked="" type="checkbox"/> Plumbing		Cert No.	<input type="text" value="121900098 - UDC"/>
Total Fee	<input type="text" value="990.00"/>	<input checked="" type="checkbox"/> Erosion		Building Permit #	<input type="text" value="24-42"/>

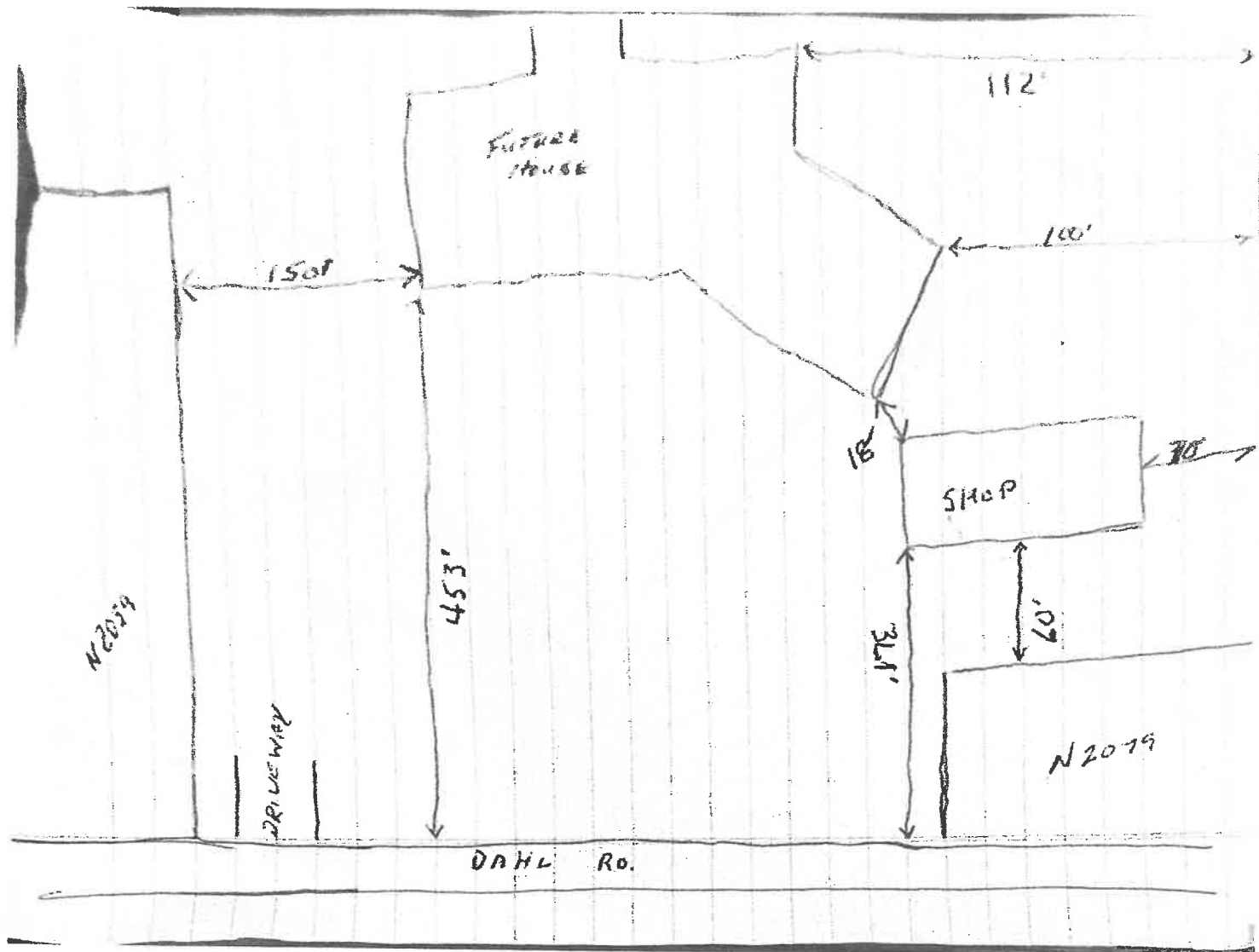
Other Fee Explanation

(Max. Size 600 characters)

Enter Approval Conditions
here:

(Max. Size 600 characters)

CONTACT ([HTTPS://DSPS.WI.GOV/PAGES/PROGRAMS/CONTACTS.ASPX](https://dspd.wi.gov/pages/programs/contacts.aspx))
PRIVACY NOTICE ([HTTPS://WWW.WISCONSIN.GOV/PAGES/POLICIES.ASPX](https://www.wisconsin.gov/pages/policies.aspx))
WWW.WISCONSIN.GOV ([HTTP://WWW.WISCONSIN.GOV](http://www.wisconsin.gov))



ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-43

Parcel No. _____

Permit Fee 155

Check No. 18247

Date 5-26-2024

Owner/Contractor Black Haak Heating
Project Type Generator Install Phone Number 920-757-9990
Project Address N1739 Felmer Road
Comments _____ Email info@black-haak.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>generator</u>	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

14 KW Select circuit Generator install

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Don Knaack 171951
Licensed Master Electrician (Print) License No.

\$11,000.00
Estimated Cost

Signature of Applicant

Black Haak Heating
Electrical Contractor

Date

5/13/24
920-757-9990
Contractor Telephone Number

PO Box 7075
Contractor Mailing Address

Bryan Lauritzen
Electrical Inspector

Appleton WI 54912
City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-44
Parcel No. _____
Permit Fee 264-
Check No. 12523
Date: 5-27-2024

Owner/Contractor <u>STEVE & LUCY COBLE</u>	
Project Type <u>POLE BARN</u>	Phone Number <u>715-938-0407</u>
Project Address <u>W3102 PRICE LN PESHTIGO, WI 54157</u>	
Comments <u>RESIDENCE W3104 PRICE LN</u> Email _____	
Application Type	Type of Building
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Other <u>POLE BARN</u>
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>60,000-</u>	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension <u>44x60</u>	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>STEEL</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

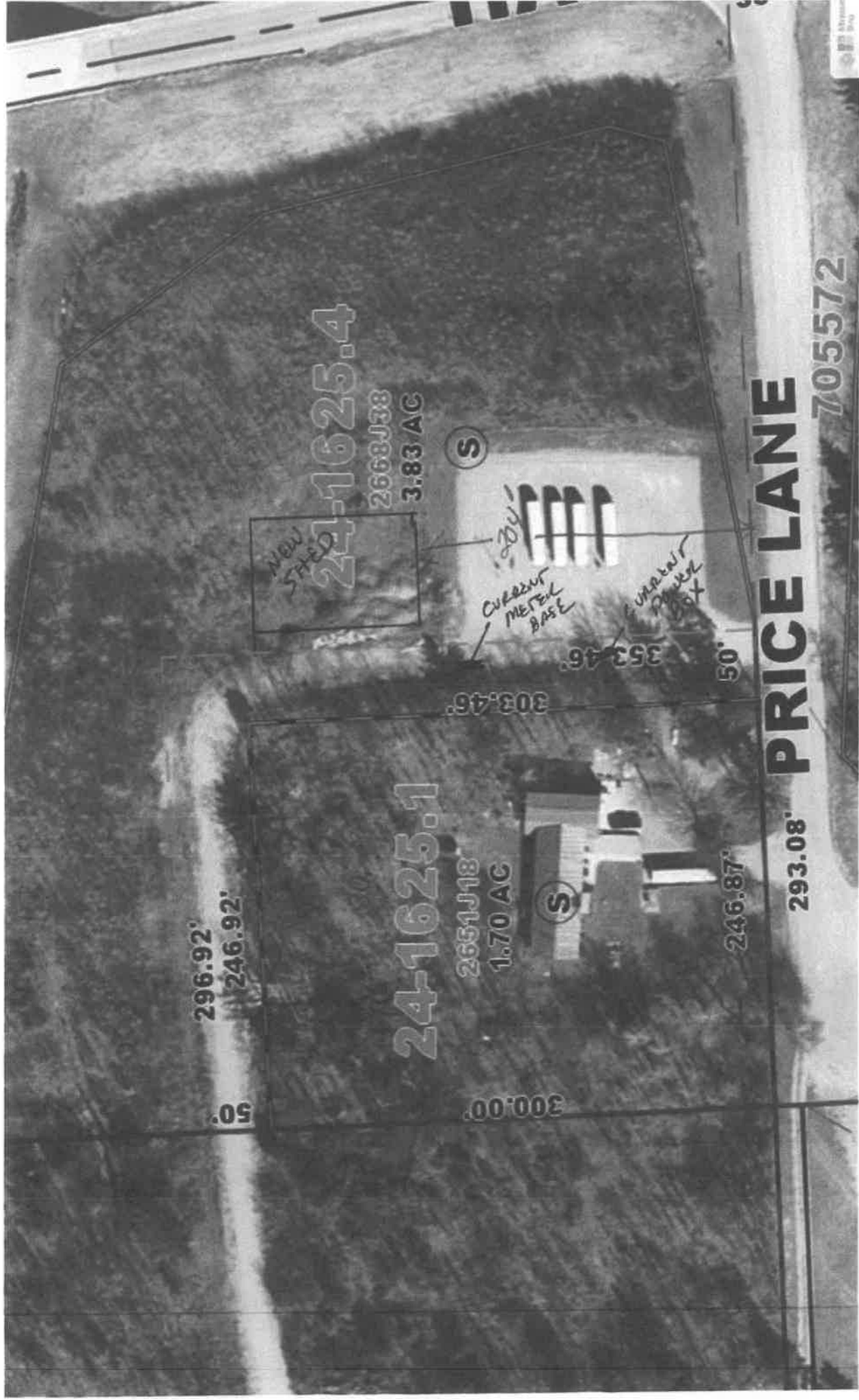
Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Steve Coble Applicant (print) STEVE COBLE
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598



ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-45

Parcel No. _____

Permit Fee 45-

Check No. 12523

Date 5-27-2024

Owner/Contractor STEVE & LOUI COBLE

Project Type POLE BARN Phone Number _____

Project Address W3102 PRICE LN PESHIGO

Comments _____ Email _____

TYPE OF BUILDING		APPLICATION TYPE	
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>POLE BARN</u>	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required <u>1</u>	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>100</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Licensed Master Electrician (Print) License No.

Steve & Louie Coble
Signature of Applicant

2500-
Estimated Cost

5/13/2024
Date

Electrical Contractor

Contractor Mailing Address

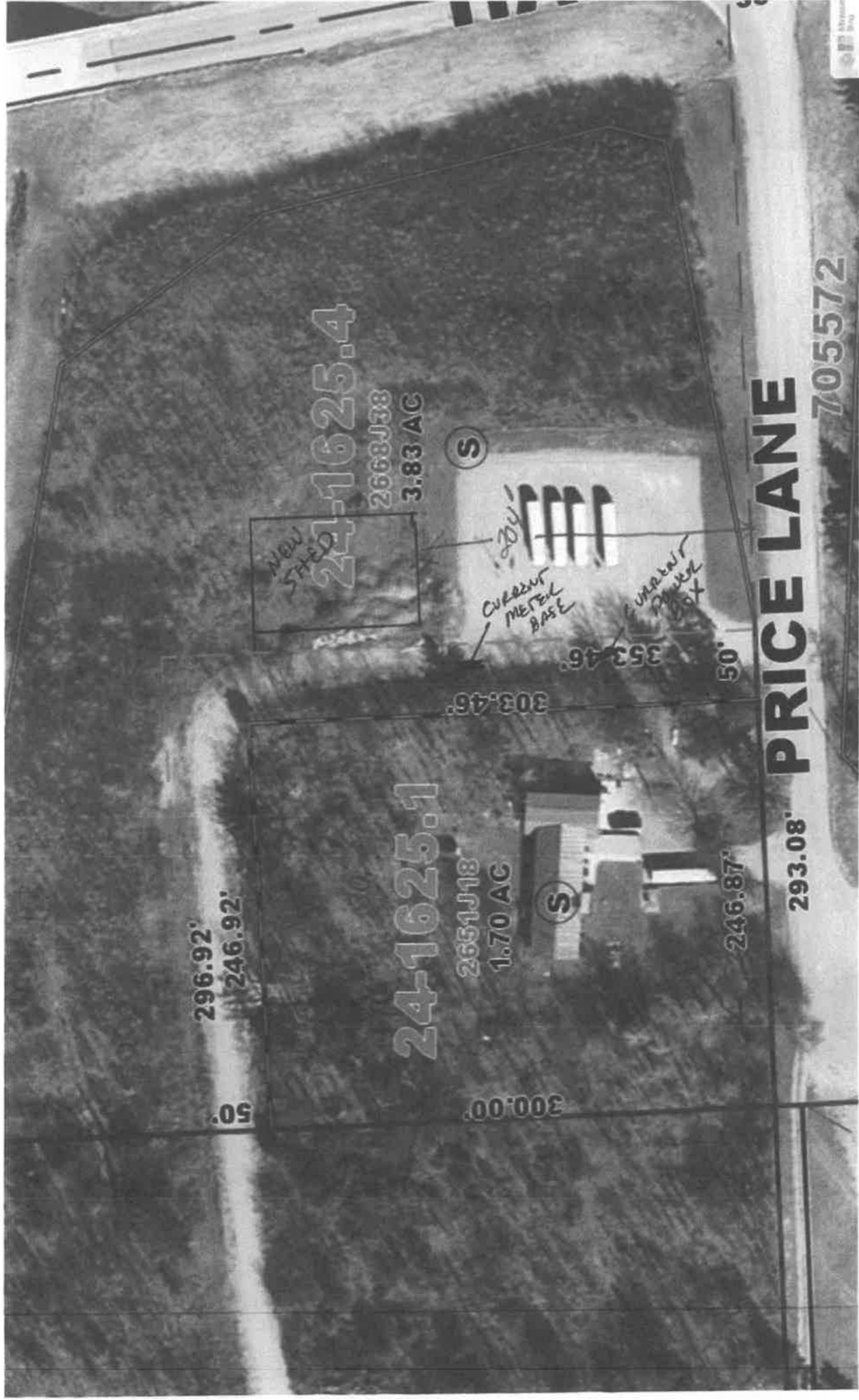
City _____ State _____ ZIP _____

Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598



ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-47

Parcel No. _____

Permit Fee \$475.00

Check No. 954873

Date 6-10-2024

Owner/Contractor Eland Electric Corporation Justin Oberg oberjj21@gmail.com (651) 260-8407

Project Type Ground Solar Array w/ Battery System Phone Number (920) 338-6000

Project Address W3252 Eagle Nest Lane

Comments _____ Email erice@elandelectric.com
jimel2@elandelectric.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Solar Array</u>	<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:
Installation of 9.6kW ground mounted solar array system with Battery System.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Chris Hillberg 171682
Licensed Master Electrician (Print) License No.

Signature of Applicant _____

Eland Electric Corporation 1095791
Electrical Contractor

3154 Holmgren Way
Contractor Mailing Address

Green Bay WI 54304
City State ZIP

\$ 43,000.00
Estimated Cost

6/6/24
Date

erice@elandelectric.com
(920) 338-6000 jimel2@elandelectric.com
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-48

Parcel No. 024-60734.000

Permit Fee \$ 100.00

Check No. 52894

Date: 5-28-2024

Owner/Contractor <u>Marinette County</u> <u>Ryan Bourassa - Forestry Administrator</u>	
Project Type <u>Raze / Demo</u>	Phone Number <u>715-732-7526</u>
Project Address <u>W1975 State Highway 64 Marinette, WI 54143</u>	
Comments <u>-</u> Email <u>ryan.bourassa@marinettecountywi.gov</u>	
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck <input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>Raze</u>	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate <u>Storage Unit</u> <u>Shed</u>
Estimated \$ <u>40-50,000</u>	

Building Size Information		Set Backs	Lot Information
O.A. Dimension _____ 1 st Floor _____ Basement Area _____ 2 nd floor _____ Garage Area <u>24 x 120</u> 3 rd floor _____ No. Stories _____ Volume _____ Height _____ Total Area <u>2880 sq/ft</u>		Front _____ Main Bldg _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input checked="" type="checkbox"/> Concrete Slab	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Posts No. _____

Contractor Marinette County Address 1926 Hall Ave Marinette, WI 54143 Telephone 715-732-7526
Email ryan.bourassa@marinettecountywi.gov
Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Ryan Bourassa
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

W1975 State Highway 64



<https://mcgis.marinetecounty.com>

5/17/2024 8:59:58 AM



Feet



0 122.6287007 245.25740



Notice/Disclaimer: The land records site is intended to be a general guide to property and land information, and does not represent a survey of real property nor should it be used or referenced to for conveyance of real property, guaranteeing title thereto or making official determinations of building development, permitting or other activity. Contact the appropriate County Department to obtain original source documents or for official determinations. This information has been developed from various sources and although efforts have been made to ensure accuracy and reliability; errors, omissions and variable conditions originating from compilation and sources used to develop the information may be reflected herein. In addition, land information is constantly changing and the most current or accurate data might not be represented. The information accessible through this site is represented "as is" without warranty of any kind, either expressed or implied, or statutory, including, but not limited to, the implied warranties or merchantability and fitness for a particular purpose. No guarantee of accuracy, completeness or currentness is granted nor is any responsibility for reliance thereon assumed. The user assumes the entire risk as to the quality, use and reliability of the entire information. Marinette County does not accept any liability for damages or misrepresentation of any kind caused by inaccuracies in the information and in no event shall Marinette County, its elected or appointed officials or employees be liable for direct, indirect, incidental, consequential or special damages of any kind.

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-49

Parcel No. _____

Permit Fee 100 -

Check No. 18939

Date: 6-10-2024

Owner/Contractor <u>Rick Knutson / J & J Builders and Son</u>	
Project Type <u>Deck</u>	Phone Number <u>715-587-3347</u>
Project Address <u>W1598 Rader Road, Peshtigo WI</u>	
Comments _____	Email _____
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel – Interior <input type="checkbox"/> Remodel – Exterior <input checked="" type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage – Attached <input type="checkbox"/> Garage – Separate
Estimated \$ <u>20000.00</u>	

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension _____ 1 st Floor _____ Basement Area _____ 2 nd floor _____ Garage Area _____ 3 rd floor _____ No. Stories _____ Volume _____ Height _____ Total Area _____	Front _____ Main Bldg _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____
Main Bldg Setbacks	Type of Construction	Foundation
Set Back _____ Side Yard <u>70 ft</u> Side Yard <u>40 ft</u> Rear Yard <u>260 FT</u>	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab
		Type of Foundation
		<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Posts No. _____

Contractor J & J Builders and Son Address N4294 sandberg Road Marinette, wi Telephone 715-789-2182

Email jjbuilders@centurytel.net

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Jay Borths Applicant (print) Jay Borths
State DC # 059600020 State DCQ # 090703194 Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-50

Parcel No. _____

Permit Fee 155-

Check No. 1119 -

Date 6-11-2024

Owner/Contractor Adams Electric / Marcel Fraser

Project Type Generator & transfer switch Phone Number 262-944-2010

Project Address N2488 Shore Dr. Marinette WI 54143

Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Other <u>alteration</u>	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input checked="" type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

generator & transfer switch will be installed.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
Licensed Master Electrician (Print) License No.

Benjamin Adams
Signature of Applicant

Adams Electric
Electrical Contractor

801 N. Wisconsin St.
Contractor Mailing Address

Elkhorn WI 53121
City State ZIP

\$11,189.31
Estimated Cost

5-31-2024
Date

262-944-2010
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

\$45 + \$110 = \$155

#2530

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-51

Parcel No. _____

Permit Fee 165-Check No. 1117Date 6-11-2024Owner/Contractor Rob Withrow / Adams ElectricProject Type Generator Phone Number 262-944-2010Project Address 1140 Shore Dr. Marinette WI 54143Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Other <u>Alteration</u>	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input checked="" type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

generator & transfer switch installation

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833 \$12,002.10
Licensed Master Electrician (Print) License No. Estimated Cost[Signature] 5-31-2024
Signature of Applicant DateAdams Electric 262-944-2010
Electrical Contractor Contractor Telephone Number801 N. Wisconsin St. Bryan Lauritzen
Contractor Mailing Address Electrical InspectorElkhorn WI 53121
City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598\$45 + \$120 = \$165

#255W

ELECTRICAL PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-52
Parcel No. _____
Permit Fee 165-
Check No. 1122
Date 6-11-2024

Owner/Contractor Robert Lawler / Adams Electric
Project Type Generator Phone Number 715-701-5572
Project Address W2253 Woodridge Dr. Marinette WI 54143
Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Other <u>Alteration</u>	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input checked="" type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:
Generator & transfer switch installation

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
Licensed Master Electrician (Print) License No.
[Signature]
Signature of Applicant
Adams Electric
Electrical Contractor
801 N. Wisconsin St.
Contractor Mailing Address
Elkhorn WI 53121
City State ZIP

\$11,619.37
Estimated Cost
5-31-2024
Date
262-944-2010
Contractor Telephone Number
Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

\$45 + \$120 = \$165

#2454

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-53
Parcel No. _____
Permit Fee 155-
Check No. 1120
Date 6-11-2024

Owner/Contractor Adams Electric / Brian Maxwell
Project Type Generator Phone Number 262-944-2010
Project Address N2881 Shore Dr Marinette WI 54143
Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Other <u>Alteration</u>	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input checked="" type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

generator & transfer switch installation

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
Licensed Master Electrician (Print) License No.
Asmith
Signature of Applicant
Adams Electric
Electrical Contractor
801 N. Wisconsin St.
Contractor Mailing Address
Elkhorn WI 53121
City State ZIP

\$11,154.31
Estimated Cost
5-31-2024
Date
262-944-2010
Contractor Telephone Number
Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

$\$45 + \$110 = \$155$

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com



PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-54

Parcel No. _____

Permit Fee 840-

Check No. # 5122

Date: 6-11-2024

Owner/Contractor Jeff + Cheryl Lamont
Project Type New Construction Phone Number 262-416-8528
Project Address N1632 Shore Drive
Comments _____ Email _____

Application Type		Type of Building	
<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>538,000.-</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>24x24</u>	1 st Floor <u>24x24</u>	Front <u>250</u>	<input type="checkbox"/> Corner
Basement Area <u>24x24</u>	2 nd floor <u>24x24</u>	Main Bldg <u>72'</u>	<input type="checkbox"/> Interior
Garage Area <u>30x20</u>	3 rd floor _____	Side Yard <u>8' 82'</u>	Type _____
No. Stories <u>2</u>	Volume <u>1152</u>	Rear Yard <u>50</u>	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>230</u>	<input checked="" type="checkbox"/> Frame	<input checked="" type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard <u>27</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>70</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>30'</u>	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Harlen Patz Const. Address 10107 Cty Rd A Odessa Telephone 715-923-5866
Email mdcost@Centurytel.net WI. 54112

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Mark Rost Applicant (print) Mark Rost

State DC # 11700091 State DCQ # 051100042 Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. Included w/ 24-54

Parcel No. _____

Permit Fee _____

Check No. _____

Date _____

Owner/Contractor Harlen Patz Const. / Jeff Lamont

Project Type New construction Phone Number 715-923-5866

Project Address _____

Comments _____ Email _____

TYPE OF BUILDING		APPLICATION TYPE	
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required <u>1</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>120/240/1Ø</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Robert Rohloff 685726
Licensed Master Electrician (Print) License No.

Robert Rohloff
Signature of Applicant

Nicolet Electric
Electrical Contractor

7443 Fifield Rd
Contractor Mailing Address

Gillett WI 54124
City State ZIP

Estimated Cost _____

Date _____

7159272739
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. Included w/24-54

Parcel No. _____

Permit Fee _____

Check No. _____

Date _____

Owner/Contractor Harlen Patz Const./Jeff Lamont

Project Type _____ Phone Number _____

Project Address _____

Comments _____ Email _____

TYPE OF BUILDING		APPLICATION TYPE
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> New Building
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Remodeling
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____
WATER CLOSETS		CLOTHES WASHERS
WASH BASINS		LAUNDRY TRAYS
BATH TUBS		WATER HEATERS
SHOWER STALLS		FLOOR DRAINS
SINKS		SUMP PUMPS
DISPOSALS		WHIRLPOOL TUBS
DISHWASHERS		URINALS
GREASE INTERCEPTORS		BAR SINKS
DRAIN TILE RECEIVERS		GARAGE DRAINS
SITE DRAINS		OTHER

Applicant hereby agrees to perform work pursuant to local and state plumbing code.

Dana Plumbing 139144
Licensed Master Plumber (Print) License No.

Estimated Cost _____

Signature of Applicant _____

Date _____

Plumbing Contractor _____

715-854-2521
Contractor Telephone Number

716 Main Ave
Contractor Mailing Address

Bryan Lauritzen
Plumbing Inspector

Crivitz WI 54114
City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

HVAC PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. Included w/24-54

Parcel No. _____

Permit Fee _____

Check No. _____

Date _____

Owner/Contractor Harlen Patz Const. / Jeff Lamont

Project Type New Construction Phone Number 715-923-5866

Project Address N1632 Shore Dr. Peshtigo WI. 54157

Comments _____ Email mdcast HPC @ Bmail.com

TYPE OF BUILDING		TYPE & QUANTITY OF INSTALLATION	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Air Conditioning _____	<input type="checkbox"/> Oil Boilers _____
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Air Handler _____	<input type="checkbox"/> Rooftop _____
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Gas Boilers _____	<input type="checkbox"/> Unit Heaters _____
		<input checked="" type="checkbox"/> Gas Furnace _____	<input type="checkbox"/> Oil Furnace _____
		<input type="checkbox"/> Other (specify) _____	

TOTAL B.T.U. _____

Heating: _____ (List in B.T.U.'s) Air Conditioning: _____ (List in B.T.U.'s)

Air Conditioning Electrician: _____

Applicant hereby agrees to perform work pursuant to local and state HVAC code.

Jerry Giese
Name of License Holder (Print)

Signature of Applicant
GPS Heating & Cooling
HVAC Contractor

2600 Cleveland Ave
Contractor Mailing Address

Marinette WI. 54143
City State ZIP

Estimated Cost _____

106657
State HVAC Certification No.

715-732-2111
Daytime Telephone Number

Bryan Lauritzen
HVAC Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-55

Parcel No. _____

Permit Fee 135.80

Check No. Serial 28719778410

Date: 6-18-2024

Owner/Contractor ANDREW & JADA WALTERS
Project Type Detached GARAGE, Siding & windows on house Phone Number 262 510 6306
Project Address 2398 Rivers edge MARINETTE WI 54143
Comments Detached GARAGE. New Siding & windows on house Email andrew.walters@uwscpa.com

Application Type		Type of Building	
<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input checked="" type="checkbox"/> Remodel - Exterior <u>new windows</u>	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>55000</u>			

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension <u>1008</u>	Front <u>200'</u>	<input type="checkbox"/> Corner
Basement Area _____	Main Bldg <u>10'</u>	<input checked="" type="checkbox"/> Interior
Garage Area <u>1008</u>	Side Yard <u>10'</u>	Type <u>21</u>
No. Stories <u>1</u>	Rear Yard <u>70'</u>	Size <u>1.18 AC</u>
Height <u>16'</u>		Area _____
1st Floor _____		
2nd floor _____		
3rd floor _____		
Volume _____		
Total Area <u>1008 sq ft</u>		

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>Vinyl</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	Posts No. _____

Contractor Self Address 2398 Rivers edge Telephone 262-510-6306

Email andrew.walters@uwscpa.com

Architect/Designer Menards Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Andrew Walters Applicant (print) Andrew Walters

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

100.80
35 zoning 135.80

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-56

Parcel No. _____

Permit Fee 65 -

Check No. Serial 28719778410

Date 6-18-2024

Owner/Contractor ANDREW & JADA WALTERS

Project Type Subpanel installation Phone Number 262-510-6306

Project Address 2398 RIVERS EDGE DR MARINETTE WI 54143

Comments _____ Email andrew.walters@wiscap9.com

TYPE OF BUILDING		APPLICATION TYPE	
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required <u>NO</u>	<input checked="" type="checkbox"/> Single Phase	<input checked="" type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>60</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Line to New garage for subpanel, Lights & outlets
in garage

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Licensed Master Electrician (Print) License No.

Andrew Walters

Signature of Applicant

Self

Electrical Contractor

2398 Rivers Edge Dr

Contractor Mailing Address

MARINETTE WI 54143

City

State

ZIP

2000.00

Estimated Cost

6/6/24

Date

262-510-6306

Contractor Telephone Number

Bryan Lauritzen

Electrical Inspector

\$65 45+20

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-58
Parcel No. _____
Permit Fee 40-
Check No. 4697
Date: 6-23-2024

Owner/Contractor Kent & Cathy Hoffmann
Project Type Miscellaneous - door removal & re-siding Phone Number (920) 334-0613
Project Address N2886 Shore Drive Marmette, WI 54143
Comments _____ Town of Reshtup Email 911 Kentoh@gmail.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other <u>door removal</u>	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>200</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor None - self project Address _____ Telephone _____
Email _____
Architect/Designer None Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Kent Hoffmann Cathy Hoffmann Applicant (print) Kent Hoffmann Cathy Hoffmann
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-59
Parcel No. #024-01856.012
Permit Fee \$49.00
Check No. 1453
Date 6.25.24

Owner/Contractor Ben Garza
Project Type Electric Phone Number 715.938.4805
Project Address N2778 Stanley Lane
Comments _____ Email ben.garza1@yahoo.com

TYPE OF BUILDING		APPLICATION TYPE		
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input checked="" type="checkbox"/> Other (specify) <u>Garage</u>		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required <u>0</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>15</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>110</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Run Electric, hook up electric

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Pudg Soderburg
Licensed Master Electrician (Print) License No. 245894

[Signature]
Signature of Applicant

Electrical Contractor

725 Harbor Terrace Lane
Contractor Mailing Address

Marinette WI 54143
City State ZIP

\$400
Estimated Cost

6.25.24
Date

715.923.4168
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

Pudg is running the line from house to garage.
Owner is wiring the garage

\$ 168.00 Fee

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-60

Parcel No. #024-01331.031

Permit Fee 168-

Check No. 1475

Date: 7-6-2024

Owner/Contractor <u>CODY J. KLEMA</u>	
Project Type <u>GARAGE (DETACHED)</u>	Phone Number <u>906-396-8810</u>
Project Address <u>W1333 KASER ROAD, MARINETTE, WI 54143</u>	
Comments _____ Email _____	
Application Type	Type of Building
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>\$46,000.00</u>	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>42x40</u>	1 st Floor _____	Front <u>130'</u>	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg <u>30'</u>	<input checked="" type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard <u>60'</u>	Type <u>RESIDENTIAL</u>
No. Stories _____	Volume _____	Rear Yard <u>100'</u>	Size <u>3 ACRES</u>
Height <u>16' Ridge</u>	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>110'</u>	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard <u>60'</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>90'</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>120'</u>	Exterior Finish <u>VINYL</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor MIKE KRUSE Address KRUSE CONSTRUCTION Telephone 920-373-7389

Email _____

Architect/Designer SELF Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Cody J. Klema Applicant (print) CODY J. KLEMA
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

TOWN OF PESHTIGO

#2786

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-61Parcel No. #024-002021.00Permit Fee 160 -Check No. 1196Date 7-7-2024Owner/Contractor Mike CombesProject Type Generator Install Phone Number 715-938-0775Project Address W795 Eastman Rd. Marinette WI 54143Comments _____ Email mcombes@new.rr.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input checked="" type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Generator & transfer switch install

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

<u>Benjamin Adams 171833</u>	<u>\$ 11,540.40</u>
Licensed Master Electrician (Print)	Estimated Cost
<u>Benjamin Adams</u>	<u>6/24/24</u>
Signature of Applicant	Date
<u>Adams Electric</u>	<u>202-944-2010</u>
Electrical Contractor	Contractor Telephone Number
<u>801 N. Wisconsin St.</u>	<u>Bryan Lauritzen</u>
Contractor Mailing Address	Electrical Inspector
<u>Elkhorn WI 53121</u>	
City State ZIP	

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

$$\$45 + \$115 = \$160$$

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-62
Parcel No. #024-01716.010
Permit Fee 50-
Check No. 2869
Date: 7-22-2024

Owner/Contractor Christopher Long / Steve's Fence & Fabrication
Project Type Fence - chain Link 4' Phone Number 715 596 0585
Project Address W2261 Woodridge Dr Marinette WI 54143
Comments ≈ 280' Email chip@long80@yahoo.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input checked="" type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>3,500</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Steve's Fence & Fabrication Address 1817 Shore Dr Telephone 715 923 5027
Email _____ MARINETTE WI 54143
Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) _____ Applicant (print) Christopher Long

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen - conditional

upon meeting attached ordinance & aerial diagram.

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-63

Parcel No. #024-00103.003

Permit Fee 460.00

Check No. 17944

Date: 7/23/24

Owner/Contractor Dean & Dawn Dudka
Project Type Rebuild/Remodel Phone Number 920-878-1802
Project Address N1444 County Rd B13 Marinette WI 54133
Comments Reconstruction work. Email brandon@midwestrestoration.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage – Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage – Separate
<input checked="" type="checkbox"/> Remodel – Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel – Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>150,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area <u>776 unfinished</u>	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area <u>1401</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Midwest Restoration Address N2311 W. Proutage Rd Telephone 920-878-1802

Email brandon@midwestrestoration.com Kaukauna WI 54130

Architect/Designer N/A Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) _____ Applicant (print) Brandon Landree

State DC # 111300069 State DCQ # 121400005 Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-64

Parcel No. #024-00103.003

Permit Fee 145-

Check No. 1788

Date 7-30-2024

Owner/Contractor Abcon Elec Dudka, Dean

Project Type Home Rewire Phone Number 920-209-0131

Project Address 11444 CR B3

Comments _____ Email chris@abcon-electric.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input checked="" type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> New	
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input checked="" type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required <u>1</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Home rewire & 200A V/G service upgrade.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Chris Hiedpas 1070626
Licensed Master Electrician (Print) License No.

Signature of Applicant

Abcon Electric
Electrical Contractor

701 Sanatorium Rd
Contractor Mailing Address

Kaukaun, WI 54130
City State ZIP

10,000⁰⁰
Estimated Cost
7/23/24
Date

920-209-0131
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-65
Parcel No. #024-01450.000
Permit Fee 90
Check No. 5509701717
Date: 7/19/2024

Owner/Contractor Taco Bell
Project Type Swap Existing Drive Thru menuboard to Digital Menu board Phone Number 651.246.1969
Project Address W1388 Reshtiga Rd
Comments SOW Specs included Email Jimbebean@icloud.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other <u>Drive thru menuboard swap</u>	<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other	
Estimated \$ <u>2,500</u>			

Building Size Information		Set Backs	Lot Information
Accessory Building			
O.A. Dimension	1 st Floor	Front	<input type="checkbox"/> Corner
Basement Area	2 nd floor	Main Bldg	<input type="checkbox"/> Interior
Garage Area	3 rd floor	Side Yard	Type
No. Stories	Volume	Rear Yard	Size
Height	Total Area		Area

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard	Exterior Finish	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No.

Contractor Meiers-Sign Address 177 N Lincoln Rd Telephone 906-786-3424

Email Service@meiers-signs.com Escanaba, MI 49829

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Jim Bebeau Applicant (print) Jim Bebeau

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

Sign Specs Old sign Included

Sow included

Sign Specs New sign Included

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-66

Parcel No. #024-02017.000

Permit Fee 50 -

Check No. 1262

Date: 7-31-2024

Owner/Contractor Andrea Jasch

Project Type Fence Phone Number (920) 680-6809

Project Address 11245 Shore Drive Marinette WI 54143

Comments goal to start 8/5/24 Email ajjasch@yahoo.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input checked="" type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>11,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Botton Construction LLC Address 5743 S Swift Ave Telephone (414) 331-8120
Cudahy WI 53110

Email _____ Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) _____ Applicant (print) Andrea Jasch

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

See Attached Ordinance-terms

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-67

Parcel No. #024-01919.000

Permit Fee 443

Check No. 9228

Date: 7-31-2024

Owner/Contractor <u>Jeff & Janelle Sandberg</u>		Schoenfeldt	
Project Type <u>Interior updating</u>		Phone Number <u>802-355-7175</u>	
Project Address <u>N1746 Shore Dr Marinette</u>			
Comments _____		Email <u>janellerenea76@gmail.com</u>	
Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Garage – Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage – Separate
<input checked="" type="checkbox"/> Remodel – Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel – Exterior	Other _____	<input type="checkbox"/> Commercial	
<input checked="" type="checkbox"/> Deck Remodel		<input type="checkbox"/> Other _____	
Estimated \$ <u>150,000</u>			

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Marquardt Custom Homes Address 6385 Beschta Ln Telephone 920 373-1752

Email robertm784@gmail.com

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Robert Marquardt

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-68
Parcel No. #024-01919.000
Permit Fee 185-
Check No. 9228
Date 7-31-2024


Owner/Contractor Jeff & Janelle Sandberg Schoenfeldt
Project Type Interior updating Phone Number 802-355-7175
Project Address N1746 Shore Dr Marinette
Comments New Plumbing fixtures, New baths layout Email janellerenea76@gmail.com

TYPE OF BUILDING		APPLICATION TYPE
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> New Building
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Remodeling
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____

WATER CLOSETS	CLOTHES WASHERS
WASH BASINS	LAUNDRY TRAYS
BATH TUBS	WATER HEATERS
SHOWER STALLS	FLOOR DRAINS
SINKS	SUMP PUMPS
DISPOSALS	WHIRLPOOL TUBS
DISHWASHERS	URINALS
GREASE INTERCEPTORS	BAR SINKS
DRAIN TILE RECEIVERS	GARAGE DRAINS
SITE DRAINS	OTHER

Applicant hereby agrees to perform work pursuant to local and state plumbing code.

Jim cornell 242930
Licensed Master Plumber (Print) License No.


Signature of Applicant

Jim Cornell Plumbing
Plumbing Contractor
1450 Enterprise Dr Depere
Contractor Mailing Address

\$14,000
Estimated Cost

7/11/2024
Date

920-403-1800
Contractor Telephone Number
Bryan Lauritzen
Plumbing Inspector

City _____ State _____ ZIP _____

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

HVAC PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-69

Parcel No. #024-01919.000

Permit Fee 65-

Check No. 9228

Date 7-31-2024

Owner/Contractor Jeff & Janelle Sandberg Schoenfeldt

Project Type Interior updating Phone Number 802-355-7175

Project Address N1746 Shore Dr. Marinette

Comments Move & reinstall duct work Email janellerenea76@gmail.com

TYPE OF BUILDING	TYPE & QUANTITY OF INSTALLATION
<input checked="" type="checkbox"/> One Family <input type="checkbox"/> Multi-Family	<input type="checkbox"/> Air Conditioning <input type="checkbox"/> Oil Boilers
<input type="checkbox"/> Two Family <input type="checkbox"/> Commercial	<input type="checkbox"/> Air Handler <input type="checkbox"/> Rooftop
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Gas Boilers <input type="checkbox"/> Unit Heaters
	<input type="checkbox"/> Gas Furnace <input type="checkbox"/> Oil Furnace
	<input type="checkbox"/> Other (specify)

TOTAL B.T.U.

Heating: _____ (List in B.T.U.'s) Air Conditioning: _____ (List in B.T.U.'s)

Air Conditioning Electrician: _____

Applicant hereby agrees to perform work pursuant to local and state HVAC code.

Jerry Giese
Name of License Holder (Print)

Signature of Applicant

GPS Heating & Cooling
HVAC Contractor

2600 Cleveland Dr Marinette
Contractor Mailing Address

City State ZIP

\$2,000
Estimated Cost

1006657
State HVAC Certification No.

715-938-6657
Daytime Telephone Number

Bryan Lauritzen
HVAC Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-70

#024-01919.000

Parcel No. _____

Permit Fee 105

Check No. 9228

Date 7-31-2024

Owner/Contractor Jeff & Janelle Sandberg Schoenfeldt

Project Type Interior updating Phone Number _____

Project Address N1746 Shore Dr Marinette

Comments _____ Email janellerenea76@gmail.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input checked="" type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

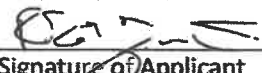
CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Kitchen, Master Bath, Main bath

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

M.T. electric 1100795
Licensed Master Electrician (Print) License No.


Signature of Applicant

Mike Tracy
Electrical Contractor

W4761 HWY 180 Wausaukee
Contractor Mailing Address

City _____ State _____ ZIP _____

\$6,000
Estimated Cost

7/11/2024
Date

715-927-5612
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

#3059

ELECTRICAL PERMIT**ProCheck Inspections, LLC**

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-71Parcel No. #024-01872.005Permit Fee 158Check No. 1246Date 7-31-2024Owner/Contractor Robert Pottratz / Adams ElectricProject Type Generator Phone Number 262-944-2010Project Address W760 Heath Lane Marinette WI 54143Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Generator 3 transfer Switch install

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
 Licensed Master Electrician (Print) License No.

[Signature]
 Signature of Applicant

Adams Electric
 Electrical Contractor

801 N. Wisconsin St.
 Contractor Mailing Address

Elkhorn WI 53121
 City State ZIP

\$11,350.28
 Estimated Cost

7/16/24
 Date

262-944-2010
 Contractor Telephone Number

Bryan Lauritzen
 Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598\$45 + \$113 = \$158

#3105

ELECTRICAL PERMIT**ProCheck Inspections, LLC**

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-72Parcel No. #024-01856.002Permit Fee 175-Check No. 1245Date 7-31-2024Owner/Contractor Tim Marzani / Adams ElectricProject Type Generator Phone Number 715-923-8281Project Address N2761 Stanley Lane Marinette WI 54143Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Generator & transfer switch install

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
Licensed Master Electrician (Print) License No.

Asuu [Signature]
Signature of Applicant

Adams Electric
Electrical Contractor

801 N. Wisconsin St.
Contractor Mailing Address

EIkhorn WI 53121
City State ZIP

\$13,000.00
Estimated Cost

7/18/24
Date

262-944-2010
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598\$45 + \$130 = \$175

#31156

ELECTRICAL PERMIT**ProCheck Inspections, LLC**

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-73Parcel No. #024-02427.000Permit Fee 170 -Check No. 1247Date 7-31-2024Owner/Contractor Carla Calvert / Adams ElectricProject Type Generator Phone Number 715-923-8281Project Address N2946 Shore Dr. Marinette WI 54143Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>246</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Generator & transfer switch install

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
Licensed Master Electrician (Print) License No.\$12,500.00
Estimated CostAdams Electric
Signature of Applicant7/18/24
DateAdams Electric
Electrical Contractor202-944-2010
Contractor Telephone Number801 N. Wisconsin St.
Contractor Mailing AddressBryan Lauritzen
Electrical InspectorElkhorn WI 53121
City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

\$45 + \$125 = \$170

#3139

ELECTRICAL PERMIT**ProCheck Inspections, LLC**

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-74Parcel No. #024-01333.002Permit Fee 165-Check No. 1238Date 7-31-2024Owner/Contractor Brian Ceranski / Adams ElectricProject Type Generator Install Phone Number 715-732-9107Project Address N2602 Autumn Lane, Marinette WI 54143Comments _____ Email ashlee@adams
power.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

generator & transfer switch install.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
Licensed Master Electrician (Print) License No.[Signature]
Signature of ApplicantAdams Electric
Electrical Contractor801 N. Wisconsin St.
Contractor Mailing AddressElkhorn WI 53121
City State ZIP\$12,135.00
Estimated Cost7/16/24
Date202-944-2010
Contractor Telephone NumberBryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

$$\$45 + \$120 = \$165$$

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-75
Parcel No. 024-01305.001
Permit Fee 40 -
Check No. 5828
Date: 8-8-2024

Owner/Contractor	<u>JAMES Devcich</u>		
Project Type	<u>Replace Culvert</u>	Phone Number	<u>715-938-2252</u>
Project Address	<u>W2065 Racine Rd Marinette WI 54143</u>		
Comments	<u>46' x 18" (Replace)</u>	Email	

Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>Culvert</u>	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>1500.00</u>	

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension _____ Basement Area _____ Garage Area _____ No. Stories _____ Height _____	1 st Floor _____ 2 nd floor _____ 3 rd floor _____ Volume _____ Total Area _____	Front _____ Main Bldg _____ Side Yard _____ Rear Yard _____
<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____		

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts <input type="checkbox"/> Wood No. _____

Contractor N/A Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) James L Devcich Applicant (print) JAMES L Devcich
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

HVAC PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-76~
Parcel No. 024-00103.003
Permit Fee 137
Check No. 14302
Date 8-28-2024

Owner/Contractor Dean Duaka (owner) | GPS Heating & cooling (contractor)

Project Type A/C & Fireplace Install Phone Number (715) 923-6900

Project Address N1444 County Rd 88 Marinette, WI 54143

Comments _____ Email gpsheatingandcooling_54143@yahoo.com

TYPE OF BUILDING	TYPE & QUANTITY OF INSTALLATION
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Two Family	<input type="checkbox"/> Air Handler
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Gas Boilers
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Gas Furnace
<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Other (specify) <u>Gas Fireplace</u>
	<input type="checkbox"/> Oil Boilers
	<input type="checkbox"/> Rooftop
	<input type="checkbox"/> Unit Heaters
	<input type="checkbox"/> Oil Furnace

TOTAL B.T.U.

Heating: Existing (List in B.T.U.'s) Air Conditioning: 30,000 (List in B.T.U.'s)

Air Conditioning Electrician: _____

Applicant hereby agrees to perform work pursuant to local and state HVAC code.

Jerry Eiese
Name of License Holder (Print)
[Signature]
Signature of Applicant
GPS Heating and cooling
HVAC Contractor
2600 Cleveland Avenue
Contractor Mailing Address
Marinette WI 54143
City State ZIP

\$9,200.00
Estimated Cost
1006557
State HVAC Certification No.
(715) 732-2111
Daytime Telephone Number
Bryan Lauritzen
HVAC Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-77

Parcel No. 024-01154.001

Permit Fee 50-

Check No. 2221

Date: 8-9-24

Owner/Contractor <u>Martin Keyport</u>	
Project Type <u>32' L x 6' H wood privacy fence</u>	Phone Number <u>920-287-1212</u>
Project Address <u>N3178 County Rd RW</u>	
Comments <u>Neighbors removed several trees, fence will provide needed privacy screening</u>	
Email <u>mkeyport1969@gmail.com</u>	
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel – Interior <input type="checkbox"/> Remodel – Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input checked="" type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage – Attached <input type="checkbox"/> Garage – Separate
Estimated \$ <u>400.00</u> <u>See attached plat</u>	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor SELF Address N/A Telephone N/A
Email N/A
Architect/Designer N/A Address N/A Telephone N/A

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Martin Keyport
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-78
Parcel No. 024-02394.000
Permit Fee \$50
Check No. 3008
Date: 8/24/2024

Owner/Contractor <u>Matthew Edgar</u>	
Project Type <u>Porch-Step Repair Work</u>	Phone Number <u>715-222-8756</u>
Project Address <u>N2467 Shore Drive Marinette</u>	
Comments <u>small 5ft by 5ft porch-step-deck</u>	Email <u>matt.edgar@hotmail.com</u>
<i>I will be installing a deck-step-porch for my home entry. It is planned to be 5' by 5' and elevation from the ground.</i>	
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel – Interior <input type="checkbox"/> Remodel – Exterior <input checked="" type="checkbox"/> Deck	<input checked="" type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage – Attached <input type="checkbox"/> Garage – Separate
Estimated \$ <u>\$50</u>	

N/A	Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front <u>N/A</u>	<input checked="" type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior <u>N/A</u>
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>N/A</u>	<input type="checkbox"/> Frame	<input checked="" type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete <u>N/A</u>
Side Yard _____	<input type="checkbox"/> Masonry <u>N/A</u>	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor N/A Address _____ Telephone _____
Email _____
Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Matthew Edgar Applicant (print) Matthew Edgar
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

SUBDIVISION
LOT NO.: 31W
BLOCK NO.:
ZONING DISTRICT:

SETBACKS:
FRONT: 200
REAR: 42
LEFT: 15

SITE INFO

RIGHT: 10

PARCEL NO.
024-02314.000

INSPECTIONS				
PHASE	ROUGH	FINAL	EROSION	
FOOTING				
FOUNDATION				
BSMT DRAIN TILES				
CONSTRUCTION				
PLUMBING				
HEAT/VENT/AC				
ELECTRICAL				
INSULATION				
OCCUPANCY				

CONTRACTORS			
TYPE	NAME	CREDENTIAL #	PHONE
Dwelling Contractor	NICK HOLTGER CONSTRUCTION CORPORATION	020800114 - DC	(920) 373-2211
Dwelling Contractor Qualifier	NICHOLAS NATHAN HOLTGER	020800131 - DCQ	(920) 373-5382
HVAC Qualifier	REINHARDT HEATING & COOLING LLC	1431246 - HV/ACCONT	(920) 373-4609
Electrical Contractor	JTC IDEAL ELECTRIC INC	1140904 - EC	(920) 336-5551
Master Electrician	CURT J YAKEL	664509 - ME	(920) 336-5551
Master Plumber	KENNETH KLIMEK	691334 - PM	(920) 621-4562

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM

BUILDING PERMIT

#: 24-79

Affix uniform permit seal here (when applicable)
Seal No.: 563602

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	X

Project:

Issued To

OWNER (AGENT): Mark & Jill Benson
PHONE: (309) 287-5824
BUILDING SITE ADDRESS: N2046 Shore Dr
CITY, VILLAGE, TOWN: Town of PESHTIGO

Issued By

PERSON ISSUING: Bryan Lauritzen
CERT. NO: 121900098 - UDC
DATE ISSUED: 2024-09-07
PHONE: (920) 373-7598

Comments:

NOTICE OF NONCOMPLIANCE: This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violation, except erosion control ones, shall be corrected within 30 days of notification, unless extension time is granted.

3283

ELECTRICAL PERMIT**ProCheck Inspections, LLC**

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-80Parcel No. 024-01886.002Permit Fee 165 -Check No. 1276Date 9-8-2024

Owner/Contractor Ralph Stapel

Project Type Generator Phone Number 715-735-7614

Project Address N2121 Shore Dr. Marinette, WI 54143

Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>100</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Generator & transfer Switch install.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
 Licensed Master Electrician (Print) License No.

Asu...
 Signature of Applicant

Adams Electric
 Electrical Contractor

801 N. Wisconsin St.
 Contractor Mailing Address

Elkhorn WI 53121
 City State ZIP

\$ 11,952.24
 Estimated Cost

8-14-24
 Date

202-944-2010
 Contractor Telephone Number

Bryan Lauritzen
 Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

\$45 + \$120 = \$165

3407

ELECTRICAL PERMIT**ProCheck Inspections, LLC**

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-81
Parcel No. 024-02092.000
Permit Fee 175-
Check No. 1277
Date 9-8-2024

Owner/Contractor Lois Hansen / Adams Electric
Project Type Generator Phone Number 202-944-2010
Project Address N3903 County Rd. RW Peshtigo WI 54157
Comments _____ Email ashlee@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

generator & transfer switch install

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
Licensed Master Electrician (Print) License No.

[Signature]
Signature of Applicant

Adams Electric
Electrical Contractor

801 N Wisconsin St.
Contractor Mailing Address

Elkhorn WI 53121
City State ZIP

\$12,000
Estimated Cost

8-14-14
Date

202-944-2010
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

$\$45 + \$130 = \$175$

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-82

Parcel No. 024-01184.018

Permit Fee 245-

Check No. 1350

Date: 9-8-2024

Owner/Contractor	<u>Dan Vincent</u>		
Project Type	<u>Horse stall barn</u>	Phone Number	<u>920.309.0976</u>
Project Address	<u>W3149 Shorewood Ln</u>		
Comments	<u>stall barn and fencing</u>	Email	<u>dan.vincent@gmail.com</u>

Application Type		Type of Building	
<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input checked="" type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input checked="" type="checkbox"/> Other <u>horse stall barn</u>	
Estimated \$ <u>86,900</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>40' x 40'</u>	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard <u>106'</u>	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height <u>12'</u>	Total Area _____		Area <u>6.22 acres</u>

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>steel</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Top Gun Construction LLC Address _____ Telephone 920.301.0188

Email Mdootson89@gmail.com

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Dan Vincent Applicant (print) Dan Vincent

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-83

Parcel No. 024-01184.018

Permit Fee 65-

Check No. 1350-

Date 9-8-2024

Owner/Contractor Dan Vincent

Project Type Ag building Phone Number 920.309.0976

Project Address W3149 Stonewood Ln

Comments _____ Email dan.vincent@gmail.com

TYPE OF BUILDING		APPLICATION TYPE	
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input checked="" type="checkbox"/> Other (specify) <u>Barn</u>		<input checked="" type="checkbox"/> Other (specify) <u>Barn</u>	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Running Power from existing detached garage
to new barn for lights and outlets

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Licensed Master Electrician (Print) License No.

Dan Vincent
Signature of Applicant

\$2,000

Estimated Cost

Date

Electrical Contractor

Contractor Telephone Number

Contractor Mailing Address

Bryan Lauritzen
Electrical Inspector

City _____ State _____ ZIP _____

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-84
Parcel No. 024-01184.018
Permit Fee 65-
Check No. 1350-
Date 9-8-2024

Owner/Contractor Dan Vincent
Project Type Ag building Phone Number 920.309.0976
Project Address W3149 Shorewood Ln
Comments _____ Email dan.vincent@gmail.com

TYPE OF BUILDING		APPLICATION TYPE
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> New Building
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Remodeling
<input checked="" type="checkbox"/> Other (specify) <u>barn</u>		<input type="checkbox"/> Other (specify) _____

WATER CLOSETS	CLOTHES WASHERS
WASH BASINS	LAUNDRY TRAYS
BATH TUBS	WATER HEATERS
SHOWER STALLS	<u>FLOOR DRAINS</u>
SINKS	SUMP PUMPS
DISPOSALS	WHIRLPOOL TUBS
DISHWASHERS	URINALS
GREASE INTERCEPTORS	BAR SINKS
DRAIN TILE RECEIVERS	GARAGE DRAINS
SITE DRAINS	<u>OTHER</u> <u>Auto water cup and spigot</u>

Applicant hereby agrees to perform work pursuant to local and state plumbing code.

Licensed Master Plumber (Print) License No.

Dan Vincent

Signature of Applicant

\$ 2,000
Estimated Cost

Date

Plumbing Contractor

Contractor Telephone Number

Bryan Lauritzen
Plumbing Inspector

Contractor Mailing Address

City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-85

Parcel No. 024-01857.002

Permit Fee 62-

Check No. 6601

Date: 9-23-2024

Owner/Contractor Thomas W. Westlund
Project Type Adding on to outbuilding Phone Number 715.923.5986
Project Address 8 N2716 Stanley Lake, Marinette WI 54143
Comments _____ Email tom@westlundbusiness.com

Application Type		Type of Building
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family
<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Deck		<input type="checkbox"/> Commercial
		<input type="checkbox"/> Other <u>Storage Building</u>
Estimated \$ <u>32,200</u>		

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>24ft x 26ft</u>	1 st Floor _____	Front _____	<input checked="" type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Mark Rost Address _____ Telephone 715.923.5866

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner, when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Thomas W. Westlund Applicant (print) Thomas W. Westlund
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

SITE INFO

SUBDIVISION
LOT NO.:
BLOCK NO.:
ZONING DISTRICT:

SETBACKS:
FRONT: 100
REAR: 100
LEFT: 35

RIGHT: 25

PARCEL NO. 024-01300.000

INSPECTIONS			
PHASE	ROUGH	FINAL	EROSION
FOOTING			
FOUNDATION			
BSMT DRAIN TILES			
CONSTRUCTION			
PLUMBING			
HEAT/VENT/AC			
ELECTRICAL			
INSULATION			
OCCUPANCY			

CONTRACTORS

TYPE	NAME	CREDENTIAL #	PHONE
Master Electrician	PUDG SODERBERG	245894 - ME	

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM

BUILDING PERMIT

Affix uniform
 permit seal here
 (when applicable)
 Seal No.:

#: 24-86

563603

Constr.	HVAC	Elect	Plumb	Erosion
X		X	X	

Project:

Issued To OWNER (AGENT): Wayne Ruechel PHONE: (715) 938-0027 BUILDING SITE ADDRESS: W1905 Rader Rd. CITY, VILLAGE, TOWN: Town of PESHTIGO
--

Issued By PERSON ISSUING: Bryan Lauritzen CERT. NO: 121900098 - UDC DATE ISSUED: 2024-09-24 PHONE: (920) 373-7598
--

Comments:

NOTICE OF NONCOMPLIANCE: This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violation, except erosion control ones, shall be corrected within 30 days of notification, unless extension time is granted.

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-87

Parcel No. 024-01273.001

Permit Fee 100-

Check No. 19118

Date: 9-27-2024

Owner/Contractor Robert Valentine

Project Type Deck Phone Number 715-938-7245

Project Address W1810 Baden Rd, Marinette, WI 54143

Comments _____ Email _____

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input checked="" type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>23,870.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard <u>60 FT</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>100 FT</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>300 FT</u>	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor J and J Builders and Son Address N4294 Sandberg Rd Marinette WI Telephone 715-789-2182

Email jbuilders@centurytel.net

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Jay Berthel Applicant (print) Jay Berthel

State DC # 05960020 State DCQ # 090703194 Approved by Dylan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-88

Parcel No. 024-01059.001

Permit Fee 90-

Check No. 71034

Date: 9-28-2024

Owner/Contractor <u>Reinhold Signs</u>	
Project Type <u>Installation of Wall Signs</u>	Phone Number <u>920-494-7161</u>
Project Address <u>W1680 Hwy 41</u>	
Comments <u>Using Existing Elec. Front Previous Signs</u> Email <u>Teri@ReinholdSigns.com</u>	
Application Type	Type of Building
<input type="checkbox"/> New Building	<input type="checkbox"/> One Family
<input type="checkbox"/> Addition	<input type="checkbox"/> Two Family
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Remodel - Exterior	<input checked="" type="checkbox"/> Commercial
<input type="checkbox"/> Deck	<input type="checkbox"/> Other _____
<input type="checkbox"/> Moving	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Siding	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Fence	
Other <u>Signs</u>	
Estimated \$ <u>14,000</u>	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension <u>123'0"</u>	1 st Floor _____	Front <u>N/A</u>	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg <u>N/A</u>	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard <u>N/A</u>	Type <u>Commercial</u>
No. Stories _____	Volume _____	Rear Yard <u>N/A</u>	Size <u>750' x 150'</u>
Height _____	Total Area _____		Area <u>Frontage</u>
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>60'0"</u>	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Reinhold Signs Address 2070 Helmgren Way Telephone 920-494-7161
Email Teri@ReinholdSigns.com Green Bay, WI.

Architect/Designer AGI Address 2655 International Dr Telephone 757-427-1900
Virginia Beach, VA

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Teri L. Moen Applicant (print) Teri L. Moen

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

SUBDIVISION

LOT NO.:

BLOCK NO.:

ZONING DISTRICT: Residential

SETBACKS:

FRONT: 130

REAR: 105

LEFT: 15

SITE INFO

RIGHT: 10

PARCEL NO.

024-022220.000

INSPECTIONS			
PHASE	ROUGH	FINAL	EROSION
FOOTING			
FOUNDATION			
BSMT DRAIN TILES			
CONSTRUCTION			
PLUMBING			
HEAT/VENT/AC			
ELECTRICAL			
INSULATION			
OCCUPANCY			

CONTRACTORS			
TYPE	NAME	CREDENTIAL #	PHONE
Dwelling Contractor	J & J BUILDERS OF NORTHEAST WISCONSIN INC	049700063 - DC	(920) 826-7841
Dwelling Contractor Qualifier	JAMES A HOPKINS	110700224 - DCQ	(920) 371-3141
HVAC Qualifier	COMFORT NOW HEATING AND COOLING	1099719 - hvacct	(920) 374-0045
Electrical Contractor	C AND C ELECTRIC SERVICES INC	1121306 - ec	(920) 455-4012
Master Electrician	CHRISTOPHER J VAN DOMELLEN	958927 - ME	(920) 655-4012
Master Plumber	PATRICK M BOUCHARD	696122 - PM	(920) 655-2455

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM

Affix uniform permit seal here (when applicable)
Seal No.: 563606

BUILDING PERMIT

#: 24-89

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

Project:

Issued To

OWNER (AGENT): Tim & Lisa Wood
PHONE: (602) 790-6404
BUILDING SITE ADDRESS: N2856 Shore Drive
CITY, VILLAGE, TOWN: Town of PESHTIGO

Issued By

PERSON ISSUING: Bryan Lauritzen
CERT. NO: 121900098 - UDC
DATE ISSUED: 2024-10-08
PHONE: (920) 373-7598

Comments:

NOTICE OF NONCOMPLIANCE: This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violation, except erosion control ones, shall be corrected within 30 days of notification, unless extension time is granted.

24-89

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-90
Parcel No. 24-1118
Permit Fee 35-
Check No. 1092
Date 10-4-2024

Owner/Contractor Mark Husbeck
Project Type Basic wiring Phone Number 906-792-0994
Project Address W1875 Old Peshtigo Rd.
Comments _____ Email notabhooked@gmail.com

TYPE OF BUILDING		APPLICATION TYPE	
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input checked="" type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) <u>Storage</u>		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Basic lighting & outlets

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Licensed Master Electrician (Print) License No.

Mark Husbeck
Signature of Applicant

owner
Electrical Contractor

Contractor Mailing Address

City _____ State _____ ZIP _____

400-
Estimated Cost

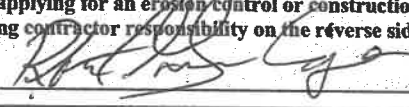
09-08-2024
Date

Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73		Wisconsin Uniform Building Permit Application Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]			Application No. 24-91 Parcel No. 024-01686001	
PERMIT REQUESTED		<input type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:				
Owner's Name ROBERT GOERLINGER		Mailing Address N1939 BEHNKE RD ^{Marinette} 54148		Email: bkgoerl@gmail.com Tel. 715-938-4999		
Contractor Name & Type		Lic/Cert# Exp Date	Mailing Address		Tel. & Email	
Dwelling Contractor (Constr.)						
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.)						
HVAC						
Electrical Contractor WPS (WR3413200)					920-433-1279	
Electrical Master Electrician RON LENTZ		170393 6/30/27	W12219 EAGLE RD ATHELSTONE WI 54104		Rlentz@vdelectric.com	
Plumbing						
PROJECT LOCATION		Lot area Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of PESHIGO	1/4, 1/4, of Section T N, R E/W	
Building Address N1939 BEHNKE RD		County MARINETTE		Subdivision Name	Lot No. Block No.	
Zoning District(s)		Zoning Permit No.		Setbacks:	Front ft. Rear ft. Left ft. Right ft.	
1. PROJECT		<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input checked="" type="checkbox"/> Other				
2. AREA INVOLVED (sq ft)		Unit 1		Unit 2 Total		
Unfin. Bsmt.						
Living Area						
Garage						
Deck/Porch						
Totals						
3. OCCUPANCY		<input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other		4. USE <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other:		
5. CONSTRUCTION TYPE		<input type="checkbox"/> Site Built <input type="checkbox"/> Mfd. Per WI UDC <input type="checkbox"/> Mfd. Per US HUD				
6. STORIES		<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Plus Basement		7. EST. BUILDING COST w/o LAND \$ 1,000		
8. WALLS		<input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other		9. ELECTRIC Panel Amps 200 <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Overhead		
10. SEWER		<input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit #		11. WATER <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> On-Site Well		
<p>I understand that I am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.</p> <p><input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.</p>						
APPLICANT (Print): ROBERT GOERLINGER		Sign: 		DATE 9/21/24		
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.						
ISSUING JURISDICTION		<input type="checkbox"/> Town of <input type="checkbox"/> County of <input type="checkbox"/> State <input type="checkbox"/> Village of <input type="checkbox"/> State <input type="checkbox"/> City of		State-Contracted Inspection Agency#: Municipality Number of Dwelling Location		
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		
Plan Review \$		<input type="checkbox"/> Construction		PERMIT ISSUED BY:		
Inspection \$ 90-		<input type="checkbox"/> HVAC		Name Bryan Lauritzen		
Wis. Permit Seal \$		<input type="checkbox"/> Electrical		Date 10-4-2024 Tel. (920) 373-7598		
Other \$		<input type="checkbox"/> Plumbing		Cert No.		
Total \$ #1588		<input type="checkbox"/> Erosion Control		Email:		
SBD-5823(R4/17) Distribute: <input type="checkbox"/> Ply 1 - Issuing Jurisdiction; <input type="checkbox"/> Ply 2- Issuer forwards to state w/in 30 days; <input type="checkbox"/> Ply 3- Inspector; <input type="checkbox"/> Ply 4- Applicant						

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-92

Parcel No. 24-1118

Permit Fee 96-

Check No. 1092

Date: 10-4-2024

Owner/Contractor <u>Mark Husbeck</u>	
Project Type <u>Garage</u>	Phone Number <u>906-792-0994</u>
Project Address <u>W 1875 Old Peshigo rd.</u>	
Comments _____	Email <u>notabhooked@gmail.com</u>
Application Type	Type of Building
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>20,000</u>	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension _____	1 st Floor <u>24' x 46'</u>	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area <u>24' x 40'</u>	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Owner Address 1027 Gales St Telephone 906 792 0994

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Mark Husbeck Applicant (print) Mark Husbeck

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-93

Parcel No. 024-01831.000

Permit Fee 90

Check No. 1470

Date 10-8-2024

Owner/Contractor R.T. Electrical Services, LLC

Project Type Service Upgrade Phone Number 906-863-8108

Project Address N2922 Green Gable Rd. Marinette, WI. 54143

Comments Quot. name Koeppler Email tonnie@rtelectric
Service.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Panel Change</u>	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE

<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>100</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Changing from a 60 Amp Overhead Service to a 100 Amp Overhead Service in same location as current & Changing his panel to a breaker panel.

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Bryan D. Salesky 172247 2,000
Licensed Master Electrician (Print) License No. Estimated Cost

Martin Lauritzen
Signature of Applicant Date 10/1/24

RT Electrical Services, LLC
Electrical Contractor Contractor Telephone Number 906-863-8108

909 12th Ave
Contractor Mailing Address Electrical Inspector Bryan Lauritzen

Menominee MI 49858
City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-94
Parcel No. 24-01835.000
Permit Fee 90
Check No. 1470
Date 10-8-2024

Owner/Contractor RT Electrical Services, LLC
Project Type Service Upgrade Phone Number 906-863-8108
Project Address N2961 Shore Dr. Marinette, WI. 54143
Comments Customer name Wettstein Email tonnie@rtelectric
Service.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Service Upgrade</u>	<input type="checkbox"/> Demo
CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

upgrading Current Service to a 200 Amp
panel underground

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Bryan D. Salesky 172247 2,000
Licensed Master Electrician (Print) License No. Estimated Cost
Mari Lenneth 10/2/24
Signature of Applicant Date
R.T. Electrical Services, LLC 906-863-8108
Electrical Contractor Contractor Telephone Number
909 12th Ave Bryan Lauritzen
Contractor Mailing Address Electrical Inspector
Menominee MI. 49858 Bryan Lauritzen
City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-95
Parcel No. 024-02224.000
Permit Fee 90 -
Check No. 1470
Date 10-8-2024

Owner/Contractor R.T. Electrical Services LLC
Project Type Service Upgrade Phone Number 906 863 8108
Project Address N2824 Shore Dr. Marinette WI 54143
Comments Cust. name Lambrecht Email tonnie@rtElectricService.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Service</u>	<input type="checkbox"/> Other _____
CLASS OF SERVICE <u>Upgrade</u>			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Upgrading Current Service to 100 Amp
(No change in amps or meter location)

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Bryan D. Salesky - 172247 2,000
Licensed Master Electrician (Print) License No. Estimated Cost
Martin Jensen
Signature of Applicant Date 10/2/24
R.T. Electrical Services
Electrical Contractor Contractor Telephone Number 906-863-8108
909 12th Ave
Contractor Mailing Address Bryan Lauritzen
City State ZIP Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-96
Parcel No. 024-01827.001
Permit Fee 90 -
Check No. 1470
Date 10-8-2024

Owner/Contractor RT Electrical Services LLC
Project Type Service Upgrade Phone Number 906-863-8108
Project Address N3045 Shore Dr Marinette WI 54143
Comments Cust. name Vieth Email tonnie@rt-electric-service.com

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Service</u>	<input type="checkbox"/> Other _____	
CLASS OF SERVICE <u>Upgrade</u>				
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire	
<input checked="" type="checkbox"/> Service Change	Amp <u>100</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire	
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire	

List a brief description of the work and the areas where the work will be conducted:

Upgrading Current Service to A 100 Amp.
(No change in Amps or meter location)

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Bryan D. Salsky 172247 2,000
Licensed Master Electrician (Print) License No. Estimated Cost
Mavis Fernsht
Signature of Applicant Date 10/2/24
R.T. Electrical Services
Electrical Contractor Contractor Telephone Number 906-863-8108
909 12th Ave
Contractor Mailing Address Electrical Inspector Bryan Lauritzen
Marinette MI 49858 Bryan Lauritzen
City State ZIP

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

#24-97

Town of Peshtigo Culvert and Driveway construction Permits

Owner: Brian Veer Mailing Address 102146 Krause Rd. Marinette WI 54143
 Phone: 715-732-1719 email bveerat@new-rr.com Date 9/11/24

Be aware that a new ordinance was enacted December 1, 2022 by the town board (Ordinance 2022-01) that now requires any new private road or any road construction to an existing town road, street or highway shall be approved by the town board. Sec 1 also specifies this applies to any new driveway or installing any new culvert or replacement of a culvert might need to be approved by town board. Upon getting your application I will review and provide a recommendation to approve or ask board if needed to consider special circumstances. If I get notification on board approval I will then issue the construction permit.

#024-01690.000

ACTION REQUESTED BY APPLICANT

Requesting permit for a new driveway and placing new culvert in the roadway setback ☒ (yes) ☐ (no) Fee \$75

Requesting permit to move or repair culvert in the roadway setback. ☐ (yes) ☒ (no) Fee \$75

Requesting approval for a new driveway in roadway setback using an existing culvert onto town road. ☐ (yes) ☒ (no) Fee \$75

Requesting an emergency address number for a new culvert and drive way onto town road. ☐ (yes) ☒ (no) Fee \$150

15"

PROVIDE THE FOLLOWING INFORMATION AS IT APPLIES TO YOUR APPLICATION

1. Proposed culvert material: ☐ concrete ☐ PVC material approved for culvert applications ☒ metal

Used culverts not allowed without special approval.

2. Driveway length from principal structure or other main building to roadway. 11/1 feet. Access To Open Field

3. A 25 foot in length by 18 foot width segment will be placed at each 200 feet of driveway length to provide passage of meeting emergency vehicles. ☐ yes ☒ no (Driveway is less than 200 feet to roadway)

Will a minimum 12 foot wide driveway be maintain to provide clearance for emergency vehicles for the full length?

☒ yes ☐ no (Provide details if answer is no.)

5. Will a minimum height clearance of 18 feet be free of tree limbs and utility wires and be maintained for length of driveway?

☒ yes ☐ no (Provide details if answer is no.)

6. Driveway width 26 feet. Plus at least 2 feet wider at each end than driveway for total culvert length of 30 feet

7. Culvert will be placed at ditch line flow elevation with 2 to 5% slope. ☒ yes ☐ no (If no provide details)

8. Backfill material will be at least 6 inches or culvert manufacturer recommendation. (Must support emergency vehicles.) ☒ yes ☐ no

9. Proposed backfill material for this application. ☒ stone or gravel ☐ sand or topsoil ☐ clay

10. Will driveway be paved? ☒ No ☐ asphalt ☐ concrete

11. Will driveway apron in the road right of way be paved? ☒ No ☐ asphalt ☐ cement

(Note that if cement it will not be replace by municipality if it needs to be removed for road or utility work.)

12. Driveway will be greater than 5 feet from a lot line. ☒ yes ☐ no (Provide details if answer is no.)

13. Will 2 foot culvert end walls be installed. ☒ yes ☐ no (Provide details if answer is no.)

14. To your knowledge has water flooded over roadway at this location? ☐ yes (Provide details) ☒ No ☐ Unknown

Provide information below and show on diagram with arrows whereif anyfield or wetland flow ditches entering the road ditch that would add to the normal water flow through your proposed culvert from the nearest up stream or down stream from your proposed culvert. Your culvert must be at least as large as any upstream culvert plus size increase if additional flow requires a large size.

Permit 24-97 PD # 2334 Bryan Lauritzen

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-98

Parcel No. 234-00408.001

Permit Fee \$120⁰⁰

Check No. 2626

Date: 10/18/2024

Owner/Contractor	<u>Rayne LaFave</u>		
Project Type	<u>Raze/Repair Remaining</u>	Phone Number	<u>715-923 5143</u>
Project Address	<u>N1005 Shore Drive</u>		
Comments	Email <u>Rayne@new.vr.com</u>		

Application Type		Type of Building
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Remodel - Exterior	Other <u>Raze/Repair</u>	<input type="checkbox"/> Commercial
<input type="checkbox"/> Deck	Estimated \$ <u>5000⁰⁰</u>	<input checked="" type="checkbox"/> Other <u>Storage</u>

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Rayne LaFave Applicant (print) Rayne LaFave
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-99
Parcel No. 624-01334.013
Permit Fee 185-
Check No. 1343
Date 11-4-2024

Owner/Contractor Kevin Cegelski
Project Type Generator Phone Number 920-737-8572
Project Address 1385 Autumn Wood Lane, Marinette WI 54143
Comments _____ Email _____

TYPE OF BUILDING		APPLICATION TYPE		
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire	
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Other	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Generator & transfer switch install

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833
Licensed Master Electrician (Print) License No.

[Signature]
Signature of Applicant

Adams Electric
Electrical Contractor

801 N. Wisconsin St.
Contractor Mailing Address

Elkhorn WI 53121
City State ZIP

\$14,000
Estimated Cost

10/22/24
Date

202-944-2010
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

45+140
\$185-

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-100

Parcel No. 024-01622.3

Permit Fee 75.00

Check No. _____

Date: 10-28-2024

Owner/Contractor <u>Jasen McDonald</u>	
Project Type <u>Fire Number</u>	Phone Number <u>715-923-5273</u>
Project Address _____	
Comments <u>Land is next to N2194 HALE RD</u>	Email <u>jasenmcdonaldz@gmail.com</u>
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>Fire #</u>	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate <u>N/A</u>
Estimated \$ _____	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>N/A</u>	1 st Floor _____	Front <u>N/A</u>	<input type="checkbox"/> Corner <u>N/A</u>
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior <u>N/A</u>
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>N/A</u>	<input type="checkbox"/> Frame <u>N/A</u>	<input type="checkbox"/> Full Bsmt <u>N/A</u>	<input type="checkbox"/> Concrete <u>N/A</u>
Side Yard <u>N/A</u>	<input type="checkbox"/> Masonry <u>N/A</u>	<input type="checkbox"/> Partial Bsmt <u>N/A</u>	<input type="checkbox"/> Block <u>N/A</u>
Side Yard _____	<input type="checkbox"/> Steel _____	<input type="checkbox"/> Crawl Space _____	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall _____	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab _____	<input type="checkbox"/> Posts No. _____

Contractor ROAD KING EX. Address N3304 CTYD RD. WI. Telephone 715-923-5466
Email JIM@ROADKINGEXCAVATING.COM
Architect/Designer N/A Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Jasen McDonald Applicant (print) JASEN McDONALD
State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

Please assign N2202 To parcel 24-1622.3

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-101

Parcel No. 024-011667.006

Permit Fee \$285.00 240-

Check No. 7409

Date: 10/27/2024

Owner/Contractor <u>Kevin Rupert</u>	
Project Type <u>Accessory Building</u>	Phone Number <u>(906) 290-6367</u>
Project Address <u>N2083 Schacht Rd., Marinette, WI, 54143</u>	
Comments _____	Email <u>krupert@new.rr.com</u>
Application Type	Type of Building
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>69,877.00</u>	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>40'x60'x16'</u>	1 st Floor <u>24,000sq/ft.</u>	Front <u>215 ft.</u>	<input checked="" type="checkbox"/> Corner
Basement Area <u>N/A</u>	2 nd floor <u>N/A</u>	Main Bldg <u>N/A</u>	<input type="checkbox"/> Interior
Garage Area <u>Same as O.A Dim.</u>	3 rd floor <u>N/A</u>	Side Yard <u>37 ft.</u>	Type <u>Residential</u>
No. Stories <u>1</u>	Volume <u>38,400 cu.sq/ft.</u>	Rear Yard <u>115 ft.</u>	Size <u>2.69 Acres</u>
Height <u>24 ft.</u>	Total Area <u>2,400 sq/ft.</u>		Area <u>N/A</u>
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>N/A</u>	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard <u>N/A</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input checked="" type="checkbox"/> Block
Side Yard <u>N/A</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>N/A</u>	Exterior Finish <u>Steel</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Eric Zoromski Address P.O. Box 28, Lena, WI, 54139 Telephone (920) 373-5754

Email ericzoromskiconstruction@gmail.com N.S.O.D. Designs
2316 North 27th Place

Architect/Designer Nate C. Hayon Address Sheboygan, WI 53083 Telephone (920) 980-8356

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Eric Zoromski Applicant (print) ERIC ZOROMSKI

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

Refund of \$45 - Check # 2134

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-102

Parcel No. 024-011607.006

Permit Fee 132-

Check No. 161

Date 11-8-2024

Owner/Contractor Kevin Rupert

Project Type New Shop

Phone Number (906) 290-6367

Project Address N2083 Schacht Rd, Marinette, WI, 54143

Comments _____ Email Krupert@new.sr.com

TYPE OF BUILDING

- ☐ One Family ☐ Multi-Family
☐ Two Family ☐ Commercial
☒ Other (specify) Garage/Shop

APPLICATION TYPE

- ☒ New Building
☐ Remodeling
☐ Other (specify) _____

WATER CLOSETS

WASH BASINS

BATH TUBS

SHOWER STALLS

SINKS

DISPOSALS

DISHWASHERS

GREASE INTERCEPTORS

DRAIN TILE RECEIVERS

SITE DRAINS

CLOTHES WASHERS

LAUNDRY TRAYS

WATER HEATERS

FLOOR DRAINS

SUMP PUMPS

WHIRLPOOL TUBS

URINALS

BAR SINKS

GARAGE DRAINS

OTHER Toilet

Applicant hereby agrees to perform work pursuant to local and state plumbing code.

Matt Peters 224843

Licensed Master Plumber (Print) License No.

Matt Peters 224843

Signature of Applicant

Independent Plumbing

Plumbing Contractor

N5510 Leslie Rd.

Contractor Mailing Address

Peshigo, WI 54157

City

State

ZIP

8700-

Estimated Cost

8-8-24

Date

715-789-2710

Contractor Telephone Number

Bryan Lauritzen

Plumbing Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-103

Parcel No. 024-D1667.006

Permit Fee \$55.00

Check No. 160

Date 10/29/2024

Owner/Contractor Kevin Rupert

Project Type Accessory Building Phone Number (906) 290-6367

Project Address N2083 Schacht Rd., Marinette, WI, 54143

Comments _____ Email krupert@new.rr.com

TYPE OF BUILDING		APPLICATION TYPE	
<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input checked="" type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE

<input checked="" type="checkbox"/> New	Meters Required <u>Yes</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200A</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>120V/240V</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Install new 200 amp electrical service, meter pedestal, and 200 main breaker at the property of:

N2083 Schacht Rd., Marinette, WI, 54143

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Travis Mueller 253723
Licensed Master Electrician (Print) License No.

Travis Mueller
Signature of Applicant

Mueller Electric LLC.
Electrical Contractor

W6330 Loomis Rd.
Contractor Mailing Address

Porterfield WI 54149
City State ZIP

\$987.00

Estimated Cost

10-28-24
Date

(725) 927-2173
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-104

Parcel No. 024-01727.006

Permit Fee 155

Check No. 1347

Date 11-9-2024

Owner/Contractor D. Statia + C. Flaherty / Adams Electric

Project Type Generator Install Phone Number 262-944-2010

Project Address N2087 Bonnie Ln. Marinette, WI 54143

Comments _____ Email permits@adamspower.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input checked="" type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Generator + transfer switch install

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Benjamin Adams 171833

Licensed Master Electrician (Print) License No.

P.P. Jy3u

Signature of Applicant

ADAMS ELECTRIC

Electrical Contractor

801 N. WISCONSIN ST.

Contractor Mailing Address

ELKHORN WI 53121

City

State

ZIP

\$11,100

Estimated Cost

10/24/24

Date

262-944-2010

Contractor Telephone Number

Bryan Lauritzen

Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-105
Parcel No. 024-00074.001
Permit Fee 215-
Check No. 9130
Date 11-10-2024

Owner/Contractor Electrical Synergies LLC - Alan Jones
Project Type Installation of home generator Phone Number 920-660-2405
Project Address N1625 Keller Road, Marinette WI 54143
Comments _____ Email nicole@electricalsynergies.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Generator install</u>	<input checked="" type="checkbox"/> Other _____

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200a</u>	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage <u>120/240</u>		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

Installation of home generator

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Kelly Schuessler 927288
Licensed Master Electrician (Print) License No.

Kelly Schuessler
Signature of Applicant

Electrical Synergies LLC
Electrical Contractor

5948 Timber Haven Dr
Contractor Mailing Address

Little Suamico WI 54141
City State ZIP

\$17,000
Estimated Cost

Date

Contractor Telephone Number

Bryan Lawriter
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-106

Parcel No. 024-01477.002

Permit Fee \$75.00

Check No. 3360

Date: 11/3/2024

Owner/Contractor	<u>DUSTIN & TRISHA LOBERGER</u>		
Project Type	<u>FIRE NUMBER</u>	Phone Number	<u>920-373-7146</u>
Project Address			
Comments	Email <u>dustin.lobberger@gmail.com</u>		

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ _____			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Dustin Lobberger Applicant (print) DUSTIN LOBERGER

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

Please assign W1634 - BL

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-107

Parcel No. # 024-01557.000

Permit Fee 195-

Check No. 1910

Date: 12-2-2024

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Owner/Contractor <u>Zachary Demler / Homeowner</u>	
Project Type <u>Garage Construction</u>	Phone Number <u>715-923-3550</u>
Project Address <u>W2842 Cty Rd B Marinette WI 54143</u>	
Comments <u>Contractor for cement, structure self built</u>	Email <u>dodgepower2004@gmail.com</u>
Application Type	Type of Building
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>30,000</u>	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension <u>40 X 40</u>	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories <u>1</u>	Volume _____	Rear Yard _____	Size _____
Height <u>10'</u>	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>Steel</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel
		<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts
			<input type="checkbox"/> Wood No. _____

Contractor Home owner Address _____ Telephone _____

Email _____

Architect/Designer Menaards Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Zachary Demler

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-108

Parcel No. 024-02200.00

Permit Fee 220

Check No. 1273

Date: 12-7-2024

Owner/Contractor Scott Kaster / Al Kaster Carpentry LLC
Project Type Attached Garage Remodel Phone Number 920-604-0563
Project Address N3068 Shore Dr Marinette WI 54143
Comments Attached Garage Remodel to a Rect room Email Scott.Kaster89@gmail.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input checked="" type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>\$20,000.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>11' x 19'</u>	1 st Floor <input checked="" type="checkbox"/>	Front _____	<input type="checkbox"/> Corner
Basement Area <u>None</u>	2 nd floor <u>NA</u>	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor <u>NA</u>	Side Yard _____	Type _____
No. Stories <u>1</u>	Volume _____	Rear Yard _____	Size _____
Height <u>8'</u>	Total Area <u>209 SF</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Al Kaster Carpentry LLC Address W2280 Woodridge Rd Telephone 906-290-0596
Email _____ STATE DCQ # 012000048

Architect/Designer Owner Address N3068 Shore Dr Marinette Telephone 920-604-0563

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Scott Kaster Applicant (print) Scott Kaster (owner)

State DC # _____ State DCQ # 012000048 Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-109
Parcel No. 024-02200-000
Permit Fee 72-
Check No. 1273
Date 12-7-2024

Owner/Contractor Scott Kaster / Bill Winnekins
Project Type Run 2-20amp To REC Rm Phone Number 920-604-0563
Project Address N3068 Shore Dr Marinette WI 54143
Comments 2-20amp Circuits 10 outlets / Lights + switches Email Scott Kaster 89 at Gmail . com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input checked="" type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input checked="" type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input checked="" type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

2-20AMP CIRCUITS - 10 OUTLETS - LIGHTS + SWITCHES

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Bill Winnekins #272602
Licensed Master Electrician (Print) License No.

Bill D. Winnekins
Signature of Applicant

Bill Winnekins
Electrical Contractor

1831 Dunlap Av
Contractor Mailing Address

Marinette WI 54143
City State ZIP

\$2700.00
Estimated Cost

12-2-24
Date

715-587-2868
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

HVAC PERMIT

ProCheck Inspections, LLC

N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

Permit No. 24-110
Parcel No. 024-02200.000
Permit Fee 59-
Check No. 1273
Date 12-7-2024

Owner/Contractor Scott Kaster / 3:23 Boilers and Furnace
Project Type Attached Garage Remodel Phone Number 920-604-0563
Project Address N 3068 SHORE Dr Marinette WI 54143
Comments Install 1 Hot + 1 Cold Run To REC Rm Email ScottKaster89@gmail.com

TYPE OF BUILDING		TYPE & QUANTITY OF INSTALLATION	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Oil Boilers
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Air Handler	<input type="checkbox"/> Rooftop
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Gas Boilers	<input type="checkbox"/> Unit Heaters
		<input type="checkbox"/> Gas Furnace	<input type="checkbox"/> Oil Furnace
		<input type="checkbox"/> Other (specify) <u>Cold / Hot air To Remodel Rec Rm</u>	
TOTAL B.T.U.			
Heating: <u>✓</u> (List in B.T.U.'s)		Air Conditioning: <u>none</u> (List in B.T.U.'s)	
Air Conditioning Electrician: <u>nm</u>			

Applicant hereby agrees to perform work pursuant to local and state HVAC code.

Name of License Holder (Print)
Scott D. Kaster
Signature of Applicant
3:23 Boilers and Furnace
HVAC Contractor
W7701 CORA LA
Contractor Mailing Address
CRIVITZ WI 54114
City State ZIP

\$1400.00
Estimated Cost
1409873
State HVAC Certification No.
1-715-701-6194
Daytime Telephone Number
Bryan Lauritzen
HVAC Inspector

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-111

Parcel No. 24-1699

Permit Fee 220-

Check No. 30166

Date: 12-4-24

Owner/Contractor Daniel Hengel

Project Type Bathroom Change/ Room Remodel Phone Number 715-923-6236

Project Address N1767 Cty Rd BB Marinette WI 54143

Comments _____ Email danhengel14@gmail.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage - Separate
<input checked="" type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>20,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>42x40</u>	1 st Floor <u>1410 sq ft</u>	Front _____	<input type="checkbox"/> Corner
Basement Area <u>380 sq ft</u>	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Daniel Hengel Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Daniel R Hengel Applicant (print) Daniel Hengel

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-112

Parcel No. 024-01699

Permit Fee 85-

Check No. 30166

Date 12-4-24

Owner/Contractor Daniel Hengel

Project Type Rewire

Phone Number 715-923-6236

Project Address N1767 Cty Rd BB Marinette WI 54143

Comments _____ Email danhengel14@gmail.com

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input checked="" type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input checked="" type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

House will be rewired to remove all knob and tube wiring. An underground feed from the main 200A breaker panel in the garage will be installed with a sub panel in the house

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Licensed Master Electrician (Print) _____ License No. _____

Daniel Hengel
Signature of Applicant

\$4000
Estimated Cost

12-4-24
Date

Electrical Contractor

Contractor Telephone Number

Contractor Mailing Address

Bryan Lauritzen
Electrical Inspector

City _____ State _____ ZIP _____

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-113

Parcel No. 024-01321.023

Permit Fee 75-

Check No. 106

Date: 12/10/2024

Owner/Contractor Brian E Bailey
Project Type Fire # PO Box 423 Marinette Phone Number 360-463-4392
Project Address E Stevens Ln Marinette WI 54143
Comments Fire # Email brianbailey045@gmail.com

Application Type		Type of Building
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Remodel - Exterior	Other <u>fire #</u>	<input type="checkbox"/> Commercial
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____
Estimated \$ <u>75.00</u>		<input type="checkbox"/> Garage - Attached
		<input type="checkbox"/> Garage - Separate

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Brian E Bailey Applicant (print) Brian E Bailey

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

BUILDING PERMIT

ProCheck Inspections, LLC
N3587 County Road C
Pulaski, WI 54162
920-373-7598
procheckwi@gmail.com

PLEASE NOTE: THIS PERMIT DOES NOT COVER
PLUMBING, ELECTRICAL OR HVAC

Permit No. 24-114
Parcel No. 024-01897.020
Permit Fee 335 -
Check No. 10560
Date: 12-23-2024

Owner/Contractor Harold Bergstrom / Michigan Wisconsin Cont.
Project Type New Construction Phone Number 906-863-4067
Project Address W910 Edwards Ave. Marinette WI 54143
Comments 2 parcels have been combined Email 024-01897-045

Application Type		Type of Building	
<input checked="" type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage - Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> Garage - Separate
<input type="checkbox"/> Remodel - Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>267,710.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>30 x 50</u>	1 st Floor <u>1500</u>	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor <u>1500</u>	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard _____	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	<input checked="" type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Michigan Wis Cont Address 2405 13th St Telephone 906-863-4067
Email hansonblars@yahoo.com Menominee, WI # 061100093 DC
Architect/Designer N/A Address N/A Telephone N/A

The undersigned on behalf of itself, and as an authorized agent of the property owner when applicable, agrees to construct the above-described building in accordance with plans and specifications submitted herewith, and in strict compliance with all the provisions of local zoning ordinances and the Building Code of the State of Wisconsin, and to grant permission for periodic reasonable inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Dayna A. Dehuyzen
State DC # 061100093 DC State DCQ # 1176507 Approved by Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

SUBDIVISION

LOT NO.:

BLOCK NO.:

ZONING DISTRICT: 3311 - Marinette School District

SETBACKS:

FRONT:

REAR:

LEFT:

RIGHT:

PARCEL NO.

024-02203.001

INSPECTIONS			
PHASE	ROUGH	FINAL	EROSION
FOOTING			
FOUNDATION			
BSMT DRAIN TILES			
CONSTRUCTION			
PLUMBING			
HEAT/VENT/AC			
ELECTRICAL			
INSULATION			
OCCUPANCY			

CONTRACTORS			
TYPE	NAME	CREDENTIAL #	PHONE
Electrical Contractor	STEVEN N SON ENTERPRISE LLC	1459204 - EC	(920) 470-0496
Master Electrician	STEVEN R SCHROEDER	1067791 - ME	(920) 470-0496
Master Plumber	JUSTIN MICHAEL TUMA	1119394 - PM	(906) 792-4232

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building’s exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM

BUILDING PERMIT
#: 24-115

Affix uniform
permit seal here
(when applicable)
Seal No.:

569213

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

Project:

Issued To

OWNER (AGENT): William and Karen Sebero
PHONE: (715) 701-6239
BUILDING SITE ADDRESS: N3047 Woodland Rd
CITY, VILLAGE, TOWN: Town of PESHTIGO

Issued By

PERSON ISSUING: Bryan Lauritzen
CERT. NO: 121900098 - UDC
DATE ISSUED: 2024-12-26
PHONE: (920) 373-7598

Comments:

NOTICE OF NONCOMPLIANCE: This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violation, except erosion control ones, shall be corrected within 30 days of notification, unless extension time is granted.

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 24-116

Parcel No. 024-02409.000

Permit Fee 75.00

Check No. 1513

Date 12/18/24

Owner/Contractor Marv Ernstrom / RT Electrical Services

Project Type Panel Change Phone Number 906 863 8108

Project Address W427 Oakwood Beach Rd. Marinette, WI 54143

Comments _____ Email tonnie@rtelectric Service.Corn

TYPE OF BUILDING		APPLICATION TYPE	
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Separate Garage	<input type="checkbox"/> Rewire
<input type="checkbox"/> Two Family	<input type="checkbox"/> New Building	<input type="checkbox"/> Pool	<input type="checkbox"/> Basement
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Other <u>Panel Change only</u>

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp _____	<input type="checkbox"/> Three Phase	<input type="checkbox"/> Three Wire
<input type="checkbox"/> Temporary	Voltage _____		<input type="checkbox"/> Four Wire

List a brief description of the work and the areas where the work will be conducted:

We are Changing out his Current Panel to a larger panel - No other Changes -

Applicant hereby agrees to perform work pursuant to local and state Electrical Codes.

Bryan D. Salesky 172247-ME 3000.00
Licensed Master Electrician (Print) License No. Estimated Cost

Signature of Applicant

RT Electrical Services, LLC
Electrical Contractor

909 12th AVE
Contractor Mailing Address

Menominee MI 49858
City State ZIP

Date

12/18/24
906-863-8108
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

Bryan Lauritzen

Make payment payable to municipality & send to inspector with application.

All inspections must be scheduled for time of installation 920-373-7598