

# TOWN OF PESHTIGO

## 2025

Permit #		Parcel #	
25-01	D & L Signs, Inc	024-00989.004	Replace sign
25-02	Bryck & Sons Builders LLC	024-01770.005	Fire #W1441
25-03	Bryck & Sons Builders LLC	024-01770.008	Fire #W1407
25-04	Ganter, Dan	024-00023.000	Fire #W3426
25-05	Buechler, Jed	024-01312.002	Fire #N2811
25-06	Schroeder, Randy	024-00882.000	Generator
25-07	Benson, Mark	024-02314.000	Solar PV Install
25-08	True North Energy LLC	024-00989.004	Sign installation
25-09	Just, Larry	024-01909.000	Storage shed
25-10	Cecich, Bob	024-02316.000	Basement remodel
25-11	Cecich, Bob	024-02316.000	Basement remodel - electric
25-12	Cecich, Bob	024-02316.000	Basement remodel - plumbing
25-13	Behnke, Carole	024-01758.000	Generator
25-14	Malmstadt, Keith & Cathy	024-01998.001	New seasonal home
25-15	Griffin, Tony	024-01148.010	Steel building, workshop, garage
25-16	Malmstadt, Keith & Cathy	024-01998.001	Construction, HVAC, electrical, plumbing
25-17	Tuma, Justin	024-01897.045	New garage
25-18	Gullicksen, Matthew	024-01568.000	Deck replacement
25-19	Koehne, Chad	024-01084.002	Installation of new signs
25-20	Tuma, Justin	024-01897.045	Electrical detached garage
25-21	Fritz, Paul	024-01625.003	Shed
25-22	Westlund, Tom	024-01856.003	Generator
25-23	Beyer, Joshua	024-01132.000	Addition
25-24	Beyer, Joshua	024-01132.000	Electrical

25-25	Ganter, Dan	024-00023.000	New home construction
25-26	Siegwart, Matthew G.	024-00849.034	New electric service
25-27	Alexander Lemery	To be determined	Fire # W1430 Rolling Hill Ln – Lot 22
25-28	City Limits C-Store	024-02492.002	Addition
25-29	Westlund, Tom	024-01856.003	Blacktop with culvert
25-30	Kriedeman, Roger	024-01342.003	New home
25-31	Tebo, Thomas	024-02146.000	Raze home
25-32	Pickl, Ken	024-01772.000	Shed/carport
25-33	Pudg Soderberg	024-01840.003	Electrical service
25-34	Kodric, Mike	024-00502.007	Garage
25-35	Leonchik, Caleb	024-02475.000	Remodel
25-36	Hintz, Gabe	024-01561.001	Generator/transfer switch
25-37	Stubenvoll, Emil	024-01365.004	Deck
25-38	Ortman, Joel	024-01733.003	Garage/shed
25-39	Ortman, Joel	024-01773.003	Garage electric
25-40	Price, Thomas	024-01865.005	Basement finish
25-41	Price, Thomas	024-01865.005	Basement electrical
25-42	Koehne Powersports	024-01084.002	Signage
25-43	Hornick, John	024-01344.002	Garage and fence
25-44	DeWitt, Adam	024-01469.000	Electrical service change
25-45	Nichols, John	024-00075.000	Fire #W1643 Krause
25-46	Nichols, John	024-00075.000	Shed
25-47	Ermis, Barbara	024-01852.000	New storage unit
25-48	Seymour, George	024-01542.000	RV/car port
25-49	Behnke, Cynthia	024-02441.000	Single story addition
25-50	Behnke, Cynthia	024-02441.000	Plumbing
25-51	Behnke, Cynthia	024-02441.000	Electrical
25-52	Behnke, Cynthia	024-02441.000	HVAC
25-53	MJB Industries	024-01864.004	Driveway
25-54	Void		

25-55	Griffin, Tony	024-01148.010	Electrical
25-56	Lovett, Matthew	024-01642.004	Driveway
25-57	Peterson, Al	024-01591.000	Electrical
25-58	Blokzyl, Jasper	024-00153.006	Fire #N1558 Hale Rd
25-59	Uecke, Chris	024-02376.000	Raze building
25-60	Hunt, John	024-02304.000	Install Generator
25-61	Tebo, Thomas	024-02146.000	New home construction
25-62	Hengel, Dan	024-01699.000	Plumbing
25-63	Hengel, Dan	024-01699.000	HVAC
25-64	Zdroik, Stacie	TBD	Fire #N2595 Roosevelt Rd
25-65	Eastman, George	024-00471.001	Electrical to garage
25-66	Pullin, Marty	024-02311.001	Accessory Building
25-67	Pulling, Marty	024-02311.001	Two-story garage
25-68	Luce, Scott	024-01840.002	Privacy fence
25-69	Lewis, Charles	024-02125.000	20' Container
25-70	Wallin, Zachary	024-01522.005	Fire #W1773 CTH B
25-71	Blokzyl, Jasper	024-00153.006	Camper pedestal/garage build
25-72	Granius, Harley	024-00710.001	New home construction
25-73	Busjahn, Reese	024-02182.000	Shop storage & garage
25-74	Busjahn, Reese	024-02182.000	Electrical
25-01	Zdroik, Stacie	N2595 Roosevelt Rd	Dwelling, garage
25-02	Patnode, Steve	W1338 Rolling Hills Ln	Dwelling, garage, deck
25-03	Sexmith, Robert	N2183 Krause Rd	Fire Number
25-04	Nault, Ethan	W3270 Lauren Ln	Driveway
25-05	Nault, Ethan	W3270 Lauren Ln	Fire Number
25-06	Holy Family Parish	W859 CTH B	Fire Number

# 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. 29-01

Parcel No. 024-00989.004

Permit Fee 40 -

Check No. 11216

Date: 1-4-2025

Owner/Contractor D+L Signs Inc  
Project Type Replace sign panels Phone Number 715-359-8846  
Project Address W1390 Old Peshtigo Road, Marinette  
Comments \_\_\_\_\_ Email service@dlsignsinc.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>Sign</u>	<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>500</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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 D+L Signs Inc Address 5906 Saxon Ave Telephone 715-359-8846  
Email service@dlsignsinc.com Weston WI 54476  
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) [Signature] Applicant (print) Lori Reimann  
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. 23-02

Parcel No. 24-1770.5(1st1)

Permit Fee 75-

Check No. 1189

Date: 1-4-2025

Owner/Contractor Baker & Sons builders LLC  
Project Type Fire Number Phone Number 715 938 0298  
Project Address W1441 Rolling Hill Lane  
Comments \_\_\_\_\_ Email bryanpolzin19@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 _____	1st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3rd 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) Bryan Lauritzen

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 W1441 \*  
Rolling Hill Ln*

8-25-20

Rolling Hill Lane

W1500  
at Keller Road.

COUNTY SURVEYOR  
**RECEIVED**

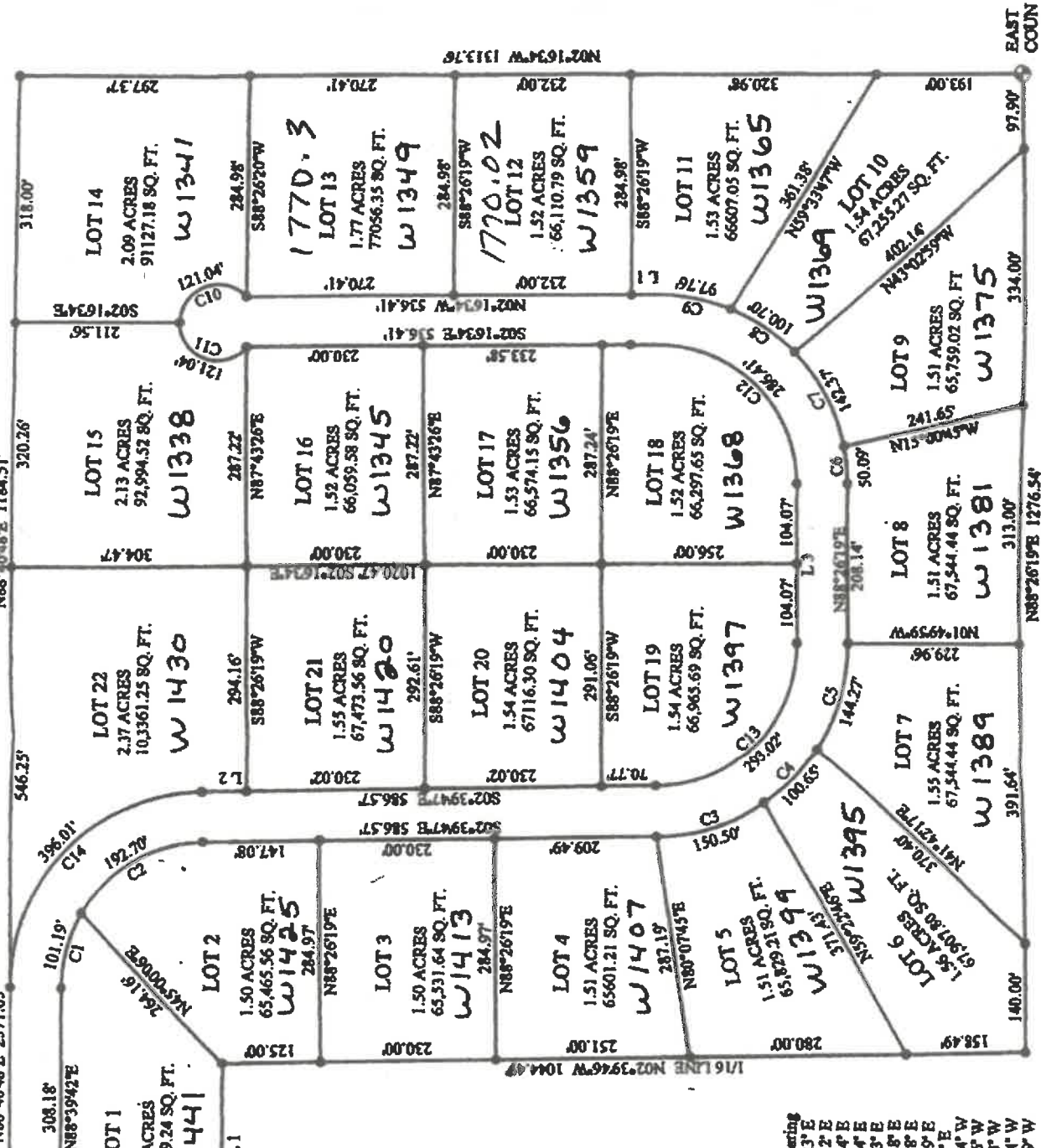
JAN 29 2001

MARINETTE COUNTY

BY

W1441

Please  
assign  
W1441  
BL



Line	Bearing	Distance
1	N02°16'34"W	34.00'
2	N02°39'47"W	55.75'
3	N88°26'19"E	208.14'
4	N29°12'23"E	189.93'

Chord	Tangent
101.19	51.83
192.70	105.56
150.50	77.51
100.65	50.99
144.27	74.13
50.09	25.13
142.37	73.22
100.70	51.06
97.76	49.53
121.04	132.67
286.41	121.04
286.41	183.17
293.02	185.26
396.01	250.00

CERTIFICATE  
ON THE BASIS OF MY KNOWLEDGE, INFORMATION AND BELIEF, I CERTIFY TO VERNON DUNKLE TO THE RESULTS  
OF THIS SURVEY WHICH WAS MADE WITH THE NORMAL STANDARD OF CARE OF PROFESSIONAL LAND SURVEY  
PRACTICING IN WISCONSIN

# 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. 29-03

Parcel No. 24-1770.8

Permit Fee 75 -

Check No. 1190

Date: 1-4-2025

Owner/Contractor	<u>Brick &amp; Sons Builders LLC</u>		
Project Type	<u>Fire Number</u>	Phone Number	<u>715-938-0298</u>
Project Address	<u>W1407 Rolling Hill Lane</u>		
Comments	Email <u>bryanpolzin19@hotmail.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 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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) [Signature] Applicant (print) Bryan Polzin

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 W1407 Rolling Hill Ln \**



8-25-20

Rolling Hill Lane

W1500  
at Keller Road.

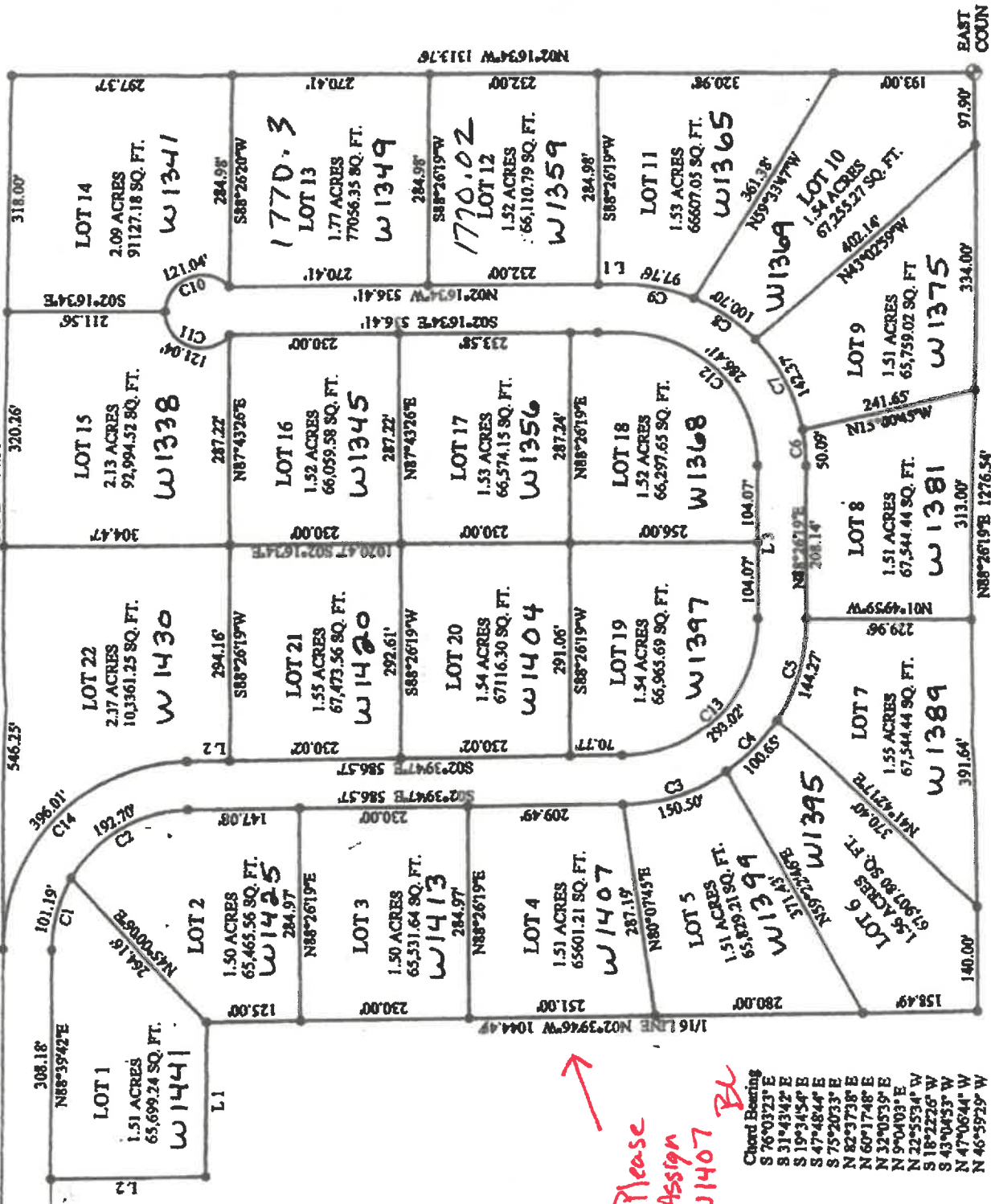
COUNTY SURVEYOR  
**RECEIVED**

JAN 29 2001

MARINETTE COUNTY

BY

10



Line	Bearing	Distance
1	N02°1634'W	34.00'
2	N02°3947'W	55.75'
3	N88°2619'E	208.14'
4	N79°1223'E	189.93'

Arc	Tangent	Chord
101.19	51.83	100.00
192.70	105.56	184.54
150.50	77.51	148.32
100.65	50.99	100.00
144.27	74.13	142.35
50.09	25.13	50.00
142.37	73.22	140.40
100.70	51.06	100.00
97.76	49.53	97.12
121.04	132.67	93.38
286.41	132.67	93.38
293.02	183.17	237.42
396.01	185.26	264.50
	250.00	357.67

CERTIFICATE

ON THE BASIS OF MY KNOWLEDGE, INFORMATION AND BELIEF, I CERTIFY TO VERNON DUNKLE TO THE RESULTS OF THIS SURVEY WHICH WAS MADE WITH THE NORMAL STANDARD OF CARE OF PROFESSIONAL LAND SURVEY PRACTICING IN WISCONSIN

# 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. 29-04

Parcel No. 024-00023.00

Permit Fee 75-

Check No. 2280

Date: 1-13-2025

Owner/Contractor	<u>Dan Gantner</u>		
Project Type	<u>Fire Number</u>	Phone Number	<u>920-903-2005</u>
Project Address	<u>Hale School Rd. Town of Peshtigo</u>		
Comments	Email <u>ginger@new.r.r.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 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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 inspectors, 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**

*\* Please assign W3426 Hale School Rd \**  
*BL*



Please assign W3426 Hale School Road



# 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. 29-05  
Parcel No. 24-1312.2  
Permit Fee 75-  
Check No. 3132  
Date: 1-31-2025

Owner/Contractor <u>jed buechler</u>	
Project Type <u>lot parcel number 0240131.002</u>	Phone Number <u>7153308544</u>
Project Address _____	
Comments <u>need fire number</u>	Email <u>topfirefighter268@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 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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**

*\* Please assign N2811 Roosevelt Rd \**  
*BL*

Mailing Address

Abbreviated Legal Description

No data available in table



\* Please assign N2811 Roosevelt Rd. \*



# ELECTRICAL PERMIT

## ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-06

Parcel No. 24-882

Permit Fee 155 -

Check No. 1203

Date 2-24-2025

Owner/Contractor BANDY SCHROEDER / MITCH MARQUAROT

Project Type GENERATOR INSTALL Phone Number (920) 599-0959

Project Address N3613 SCHACH Rd PESHTIGO

Comments \_\_\_\_\_ Email MMARQUAROT@MESLLCTRC.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 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 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>120/240V</u>		<input type="checkbox"/> Four Wire

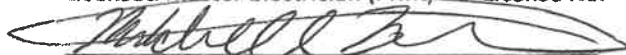
List a brief description of the work and the areas where the work will be conducted:

GENERATOR HOOKUP NEAR PEDESTAL ON BACK OF HOUSE; ATS WIRED INSIDE HOME IN BASEMENT

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

MITCHELL A. MARQUAROT #1246091

Licensed Master Electrician (Print) License No.



Signature of Applicant

MARQUAROT ELECTRIC

Electrical Contractor

P.O. BOX 71

Contractor Mailing Address

PESHTIGO WI 54157

City

State

ZIP

\$11,000

Estimated Cost

10 FEB 25

Date

(920) 599-0959

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. 25-07  
Parcel No. 24-2314  
Permit Fee 250-  
Check No. 955601  
Date 2-24-2025

Owner/Contractor Mark Benson / Eland Electric  
Project Type Solar PV Install Phone Number (920) 388-6000 x113  
Project Address N2046 Shore Drive  
Comments \_\_\_\_\_ Email Cierruni@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"/> 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>Solar PV</u>	

### CLASS OF SERVICE

<input checked="" type="checkbox"/> New	Meters Required <u>1</u>	<input checked="" type="checkbox"/> Single Phase	<input checked="" 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:

Line Side tap, Meter, Main Service Panel, and  
Roof of building.

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

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

[Signature]  
Signature of Applicant

Eland Electric  
Electrical Contractor

3154 Holmgren Wy  
Contractor Mailing Address

Green Bay WI 54304  
City State ZIP

\$20,500  
Estimated Cost

2/11/25  
Date

(920) 388-6000  
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. 25-08

Parcel No. 024-00989.004

Permit Fee 115

Check No. 42499

Date: 2.18.2025

Owner/Contractor Owner: True North Energy, LLC/Lindsay Lyden; Contractor: Elevate 97 Signs/Sarah Perera

Project Type Sign installation Phone Number Owner: (440) 792-4200

Project Address W1390 Old Peshtigo Rd Peshtigo, WI 54143 Contractor: 920-227-8277

Comments \_\_\_\_\_ Email Contractor: sperera@elevate97.com  
Owner: llyden@truenorth.org

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>SIGN</u>	<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>\$2,550.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>n/a</u>	1 <sup>st</sup> Floor <u>n/a</u>	Front <u>n/a</u>	<input type="checkbox"/> Corner
Basement Area <u>n/a</u>	2 <sup>nd</sup> floor <u>n/a</u>	Main Bldg <u>n/a</u>	<input type="checkbox"/> Interior
Garage Area <u>n/a</u>	3 <sup>rd</sup> floor <u>n/a</u>	Side Yard <u>n/a</u>	Type <u>Convenience store</u>
No. Stories <u>1</u>	Volume <u>n/a</u>	Rear Yard <u>n/a</u>	Size _____
Height <u>16 ft</u>	Total Area <u>48.40 sq ft - sign size</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>275 ft</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>40 ft</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>40ft</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>40 ft</u>	Exterior Finish <u>Brick</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 Elevate 97 Signs Address 1085 Parkview Road, Telephone 920-227-8277

Email sperera@elevate97.com Green Bay, WI 54304

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) Sarah Perera Applicant (print) Sarah Perera

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. 25-09  
Parcel No. 024-01909.000  
Permit Fee 50-  
Check No. 142 & 144  
Date: 3-13-2025

Owner/Contractor Lawrence R Just  
Project Type Storage Shed Phone Number 219-613-9328  
Project Address N1945 Shore Dr Marinette, WI 54143  
Comments Attached is copy of Marinette County Zoning Permit Email just10839@outlook.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</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>16' x 24'</u>	1 <sup>st</sup> Floor <u>384 Sq Ft</u>	Front <u>118'</u>	<input type="checkbox"/> Corner
Basement Area <u>NA</u>	2 <sup>nd</sup> floor <u>NA</u>	Main Bldg <u>8'</u>	<input checked="" type="checkbox"/> Interior
Garage Area <u>16' x 24'</u>	3 <sup>rd</sup> floor <u>NA</u>	Side Yard <u>15'</u>	Type _____
No. Stories <u>1</u>	Volume _____	Rear Yard <u>66'</u>	Size <u>1 Acre 208' x 208'</u>
Height <u>12'</u>	Total Area <u>384 Sq Ft</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>118'</u>	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard <u>40'</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>126'</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>66'</u>	Exterior Finish _____	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	Posts No. _____

Contractor Old Hickory Buildings Address 4161 West Frontage Rd Telephone 920-883-8565  
Email christian@boyledesigngroup.net  
Architect/Designer NA 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) Lawrence R Just  
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**

## Marinette County

### Letter of Conditional Approval

Permit Type: Zoning  
Permit Number: 96842  
Issued To: LAWRENCE JUST

Issued On: 2/18/2025  
Expires On: 2/18/2026

Site Address: N1845 SHORE DR  
Parcel Number: 024-01909.000  
Municipality: TOWN OF PESHTIGO

Property Owner: JUST TRST  
LAWRENCE JUST  
10839 W OAKMONT DR  
SUN CITY, AZ 85351-3317

#### Permit Conditionally Approved for:

			<u>Width (ft)</u>	<u>Length (ft)</u>	<u>Height (ft)</u>
Accessory Structure	Garage/Storage Buildings	Storage Shed 16' X 24'	18.00	26.00	12.00

#### Minimum Setback Requirements:

30.0ft. from Closest Point of POWTS  
15.0ft. from Closest Point of Lot Line  
158.0ft. from Centerline of Road  
500.0ft. from OHWM of Lake

#### Applicable Zoning District(s):

#### Conditions of Permit Approval:

This request has been conditionally permitted based on details and information provided in the application. It is assumed all information provided with the application is factual and accurate. This approval is subject to the conditions listed above, and does not constitute or allow for any construction, alteration, modification, or disturbances unless expressly listed above. It is the applicant's responsibility to ensure compliance with any other Local, State, or Federal regulations. It is highly recommended to contact your local municipality to inquire about any other necessary approvals that may be necessary.

This permit is valid until the expiration date listed above. If you would like to renew the permit, please submit a formal request to this department prior to the expiration date. A copy of the permit placard accompanying this approval should be posted at the site until construction has been completed, and must be visible from a public viewpoint and/or public roadway. If you have any questions about the approval or conditions upon which this permit has been issued, contact this department immediately.

Ryan Parchim  
February 18, 2025  
Marinette County

# 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. 25-10

Parcel No. 024-02316.000

Permit Fee 367-

Check No. 1177

Date: 2/23/25

Owner/Contractor ZH Construction LLC  
Project Type Remodel (Basement) Phone Number 920-373-3371  
Project Address N3587 Dr. Marinette, WI 54143  
Comments shore Email \_\_\_\_\_

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>68,309.98</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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 ZH construction LLC Address W8255 State Hwy 41 Telephone 920-373-3371

Email zhconstruction@yahoo.com Pounds, WI 54161

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) Zach Hensberger Applicant (print) Zach Hensberger

State DC# 082200913 State DCQ# 111802163 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. 25-11

Parcel No. 024-02316.000

Permit Fee 135-

Check No. 1177

Date 2-13-25

Owner/Contractor Steve Delsart Electric LLC

Project Type wire Basement

Phone Number 920-713-3030

Project Address N2026 Shore Dr. Marinette WI. 54143

Comments \_\_\_\_\_

Email s.delsartelectric@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"/> New
<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 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 checked="" type="checkbox"/> <u>EXISTING</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.

Steven L Delsart 171159  
Licensed Master Electrician (Print) License No.

Steven L. Delsart  
Signature of Applicant

Steven L Delsart  
Electrical Contractor

W11732 Chesapeake Run  
Contractor Mailing Address

Crivitz WI. 54114  
City State ZIP

9,000.00 Approx

Estimated Cost

2-13-25

Date

920-713-3030

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. 25-12

Parcel No. 024-02316.000

Permit Fee 111-

Check No. 1177

Date 3-26-25

Owner/Contractor \_\_\_\_\_

Project Type \_\_\_\_\_ Phone Number \_\_\_\_\_

Project Address N4026 Shore Dr

Comments \_\_\_\_\_ Email \_\_\_\_\_

## TYPE OF BUILDING

- ☐ One Family      ☐ Multi-Family  
☐ Two Family      ☐ Commercial  
☐ Other (specify) \_\_\_\_\_

## APPLICATION TYPE

- ☐ New Building  
☒ Remodeling  
☐ 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 <input checked="" type="checkbox"/>

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

Tim Soper

Licensed Master Plumber (Print) License No.

Tim Soper 227502

Signature of Applicant

KS Plumbing

Plumbing Contractor

6081 Klaus Lake Rd

Contractor Mailing Address

Gille H WI 54124

City

State

ZIP

\$6625

Estimated Cost

Date

920-598-0021

Contractor Telephone Number

Bryan Laurita

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. 25-13

Parcel No. 024-01758.600

Permit Fee 190-

Check No. 1424

Date 3-31-2025

Owner/Contractor Carole Behnke

Project Type Generator Installation Phone Number 715-732-1543

Project Address W2090 Krause Road Marinette

Comments \_\_\_\_\_ Email Chelsea @ 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"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Generator</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 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:

Generator install with automatic transfer switch

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

Michael Maternowski 1060304  
Licensed Master Electrician (Print) License No.

Chelsea Ostrowski  
Signature of Applicant

Adams Electric  
Electrical Contractor

801 N Wisconsin St  
Contractor Mailing Address

Elkhorn WI 53121  
City State ZIP

14,592  
Estimated Cost

3/14/25  
Date

715-907-8418  
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. 25-14

Parcel No. 024-01998.001

Permit Fee 75-

Check No. 17610

Date: 3/20/25

Owner/Contractor <u>Keith &amp; Cathy Malmstadt</u>	
Project Type <u>Building new seasonal home</u>	Phone Number <u>Keith (616) 321-0292</u>
Project Address <u>Shore Dr, Marinette</u>	
Comments <u>Fire Number</u>	Email <u>kmalmstadt@greatlakewoods.com</u>
<b>Application Type</b>	<b>Type of Building</b>
<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"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____	<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 checked="" type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>600K</u>	

<b>Building Size Information</b>		<b>Set Backs</b>	<b>Lot Information</b>
O.A. Dimension <u>1st Floor 2018</u>		Front <u>N/A</u>	<input type="checkbox"/> Corner <input checked="" type="checkbox"/> Interior Type <u>Residential</u> Size <u>2.14 Acres</u> Area _____
Basement Area <u>Crawl Space</u> 2nd floor _____		Main Bldg _____	
Garage Area <u>1513</u> 3rd floor _____		Side Yard _____	
No. Stories <u>1</u> Volume _____		Rear Yard _____	
Height <u>25'</u> Total Area <u>3531</u>			
<b>Main Bldg Setbacks</b>	<b>Type of Construction</b>	<b>Foundation</b>	<b>Type of Foundation</b>
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 checked="" 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 NHC Homes Corp Address 5050 Hwy 141, Oconto, WI 54153 Telephone 920-373-2211

Email info@nhcbuilds.com

Architect/Designer WST Design - Wes Tennant Address 1767 Bridge Port Lane, 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 Picard Applicant (print) Traci Picard / Agent

State DC # 020800114 State DCQ # 020800131 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 N1208 to 24-1998.1 \*

# 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. 25-15

Parcel No. 024-01148.010

Permit Fee 169 -

Check No. 340

Date: 4-4-2025

Owner/Contractor TONY GRIFFIN / WISCONSIN CARPORTS OWNER - 985-860-3820  
Project Type STEEL BUILDING / WORK SHOP / GARAGE Phone Number 262-383-4347 - CONT  
Project Address N3RD DEER HAVEN CT PESHTIGO, WI 54157  
Comments \_\_\_\_\_ Email tcgriffin316@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>52,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>28' x 48' x 14'</u>	1 <sup>st</sup> Floor <input checked="" type="checkbox"/>	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type <u>RESIDENTIAL</u>
No. Stories <u>1</u>	Volume _____	Rear Yard <input checked="" type="checkbox"/>	Size <u>2.17 ACRES</u>
Height <u>14'</u>	Total Area <u>1344 SFT</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 <input checked="" type="checkbox"/>	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 WISCONSIN CARPORTS Address RACINE WI 53404 Telephone 262-383-4347

Email SALES@WISCONSINCARPORTS.COM

Architect/Designer DESIGNED BY ME Address N3110 DEER HAVEN CT PESHTIGO, WI 54157 Telephone 985-860-3820

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) TONY GRIFFIN  
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.: 1  
BLOCK NO.:  
ZONING DISTRICT:

SETBACKS:  
FRONT: 130  
REAR: 170  
LEFT: 20

SITE INFO

RIGHT: 120

PARCEL NO.  
024-01998.001

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	CURT J YAKEL	664509 - ME	(920) 371-4570
Master Plumber	KENNETH KLIMEK	691334 - PM	(920) 621-4562
Dwelling Contractor	NICK HOLTGER CONSTRUCTION CORPORATION	020800114 - DC	(920) 373-5382
Dwelling Contractor Qualifier	NICHOLAS NATHAN HOLTGER	020800131 - DCQ	(920) 373-5382
HVAC Qualifier	REINHARDT HEATING & COOLING LLC	1431246 - HVACCONT	(920) 373-4609
Electrical Contractor	JTC IDEAL ELECTRIC INC	1140904 - EC	(920) 336-5551

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

#: 25-16

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

567941

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

Project:

Issued To

OWNER (AGENT): Keith & Cathy Malmstadt  
PHONE: (616) 321-0292  
BUILDING SITE ADDRESS: N1208 Shore Dr  
CITY, VILLAGE, TOWN: Town of PESHTIGO

Issued By

PERSON ISSUING: Bryan Lauritzen  
CERT. NO: 121900098 - UDC  
DATE ISSUED: 2025-04-18  
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.

# 024-01998.001



(/dashboard)

L

# Wisconsin Department of Safety and Professional Services Division of Industry Services



## Online Building Permit System

[APPROVE](#)[DENY](#)[DELETE](#)[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](#)

**JURISDICTION :** Town of PESHTIGO

**PROJECT TYPE :** New

**PERMITS :** Construction HVAC Electric Plumbing

**PARCEL NUMBER :** 024-01998.001

### Owner

**NAME :** Keith & Cathy Malmstadt

**ADDRESS** 758 Wintersn Place, Holland, 49424

**CONTACT** (616) 321-0292, kmalmstadt@greatlakewoods.com

### Contractors

**DWELLING CONTRACTOR**

**NAME :** NICK HOLTGER CONSTRUCTION CORPORATION

**LIC/CERT # : 020800114 - DC EXP DATE : 11/11/2025**

**ADDRESS 5050 HIGHWAY 141, OCONTO, 54153**

**CONTACT (920) 373-5382, nick@nhcbulds.com**

**DWELLING CONTRACTOR QUALIFIER**

**NAME : NICHOLAS NATHAN HOLTGER**

**LIC/CERT # : 020800131 - DCQ EXP DATE : 04/24/2026**

**ADDRESS 5050 US Highway 141, Oconto, 54153**

**CONTACT (920) 373-5382, nick@nhcbulds.com**

**HVAC CONTRACTOR/QUALIFIER**

**NAME : REINHARDTHEATING & COOLING LLC**

**LIC/CERT # : 1431246 - HVACCONT EXP DATE : 10/05/2025**

**ADDRESS 421 IRONWOOD CT, OCONTO, 54153**

**CONTACT (920) 373-4609, reinhardtheat@gmail.com**

**ELECTRICAL CONTRACTOR**

**NAME : JTC IDEAL ELECTRIC INC**

**LIC/CERT # : 1140904 - EC EXP DATE : 06/30/2025**

**ADDRESS 1396 PLANE SITE BLVD, DE PERE, 541159033**

**CONTACT (920) 336-5551, jtcidealelectric@gmail.com**

**ELECTRICAL MASTER ELECTRICIAN**

**NAME : CURT J YAKEL**

**LIC/CERT # : 664509 - ME EXP DATE : 06/30/2025**

**ADDRESS 630 SARATOGA ST, GREEN BAY, 543034438**

**CONTACT (920) 371-4570, jtcidealelectric@gmail.com**

**MASTER PLUMBER**

**NAME : KENNETH KLIMEK**

**LIC/CERT # : 691334 - PM EXP DATE : 03/31/2026**

**ADDRESS 7122 SPRING LAKE RD, SOBIESKI, 54171**

**CONTACT (920) 621-4562, platinumplumbingsvc@gmail.com**

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**SUBMITTER**

**NAME : Traci Picard**

**ADDRESS 5050 Hwy 141, Oconto, 54153**

**CONTACT (920) 373-2211, info@nhcbulds.com**

LOT AREA

AREA 93218.40 SQ. FT.

**1 OR MORE ACRES SOIL WILL BE DISTURBED** false

**LOCATION :** Town of PESHTIGO

### Description

Section 7, T29N, R24E

## BUILDING

**ADDRESS : N1208 Shore Dr , Marinette, 54143**

COUNTY Marinette SUBDIVISION LOT NO. 1 BLOCK NO.

## ZONING

DISTRICT : PERMIT NUMBER : 9701Z

**SETBACKS** Front ft.: 130.00 Rear ft.: 170.00Left Ft.:20.00Right ft.: 120.00

## PROJECT INFORMATION

**1. PROJECT TYPE :** New

2. AREA:

AREA INVOLVED (SQ FT)	Unit 1	Unit 2	Total
Unfin. Bsmt.			0.00
Living Area	2018.00		2018.00
Garage	1513.00		1513.00
Deck/Porch			0.00
Total	3531.00	0.00	3531.00

**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** :Seasonal
- 9. **HVAC EQUIP** :Furnace Central AC
- 10. **SEWER** :Sanitary Permit , 530507
- 11. **WATER** :On-Site Well
- 12. **ENERGY SOURCE** :  
    Space Htg :  
    Water Htg : Nat Gas ,
- 13. **HEAT LOSS** :245000
- 14. **EST. BUILDING COST w/o LAND** :600000.00

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:**

**DATE**

**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))



# PLUMBING PERMIT

## ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-17

Parcel No. 024-01897.045

Permit Fee 145-

Check No. 1152

Date 4-20-2025

Owner/Contractor Justin Tuma

Project Type New Garage

Phone Number 906-290-0824

Project Address W910 Edwards Ave

Comments owner of Project Harold Bergstrom

Email Tumasplumbing@gmail.com

### TYPE OF BUILDING

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

### APPLICATION TYPE

- ☒ New Building  
☐ Remodeling  
☐ Other (specify) \_\_\_\_\_

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

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

Justin Tuma 1119394  
Licensed Master Plumber (Print) License No.

Justin Tuma  
Signature of Applicant

Tuma's Plumbing  
Plumbing Contractor

P.O. Box 204  
Contractor Mailing Address

Menominee MI 49858  
City State ZIP

10,000  
Estimated Cost

3-10-25  
Date

906-290-0824  
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

45+100

\$45

# 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. 25-18

Parcel No. 004-01568.000

Permit Fee 175-

Check No. 4869

Date: 4-20-2025

Owner/Contractor Matthew Gullicksen  
Project Type Deck Replacement Phone Number (715) 938-3018  
Project Address W2714 County Road B  
Comments \_\_\_\_\_ Email mr.gullicksen@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 _____	<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 _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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 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) Matthew Gullicksen Applicant (print) Matthew Gullicksen  
State DC # \_\_\_\_\_ State DCQ # \_\_\_\_\_ Approved by Bryan Lauritzen - see note on Deck plan.

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. 25-19

Parcel No. 024-01084.002

Permit Fee 125-

Check No. 42687

Date: 4-28-2025

Owner/Contractor Chad Koehne-owner / Elevate 97 sign contractor  
Project Type Installation of new signs Phone Number sign contractor: Sarah 920-227-8277  
Project Address W1740 US HIGHWAY 41 PESHTIGO, WI 54143 Owner: Chad Koehne - 715-732-6501  
Comments \_\_\_\_\_ owner: SVANLANEN@KOEHNEM.COM  
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 <u>New signs</u>	<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>\$20,000</u>			

Building Size Information		Set Backs	Lot Information
please see attached drawings		Accessory Building	
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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 Elevate 97 / Sarah Perera Address 1085 Parkview Rd., Green Bay, WI 54304 Telephone 920-227-8277

Email sperera@elevate97.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) Sarah Perera Applicant (print) Sarah Perera

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**



Proposed New Faces



SPECIFICATIONS

FACE REPLACEMENTS

- EXISTING PYLON CABINET
- Lighting: Existing
- Face Material: White Polycarb
- Cabinet Color: Remain As Is
- Retainer: Existing 1 1/2"
- Graphics: 1st Surface Applied Translucent Vinyl;
- 3630-33 Red, 3630-36 Blue

\*Remove Existing COZZY'S Faces

<div>elevate97</div> <div>800-514-1119   ELEVATE97.COM</div>	CLIENT: Koehne Powersports ADDRESS: 1740 US-41 Marinette, WI DATE: September 5, 2024 SCALE: 3/4" = 1'-0" A/E: Tom Knigge DESIGNER: RE	DESIGN #: 13269 JOB # -  REVISION #: 10 REVISED DATE: 3/13/25	PAGE - 1	<div>WWW.ELEVATE97.COM   ALL CONCEPTS ARE PROPERTY OF ELEVATE97   © 2023 ELEVATE97</div> <div>WITH APPROVAL OF THIS DESIGN I HEREBY GIVE ELEVATE 97 PERMISSION TO BEGIN PRODUCTION ON THE SIGNAGE ILLUSTRATED. I AGREE THAT ALL SPECIFICATIONS, SPELLING, COLORS AND ELEVATIONS LISTED ARE CORRECT AND APPROVED. ANY CHANGES MADE AFTER PRODUCTION HAS STARTED WILL RESULT IN ADDITIONAL CHARGES</div>		<div>CLIENT APPROVAL -</div> <div>DATE -</div>
				<div><input type="checkbox"/> CONCEPTUAL <input checked="" type="checkbox"/> FINAL</div> <div><input type="checkbox"/> FIELD SURVEY / MEASUREMENTS REQUIRED</div> <div><input type="checkbox"/> ELECTRONIC FILE OF LOGO REQUIRED</div> <div><input type="checkbox"/> COLORS TO BE DETERMINED</div>		

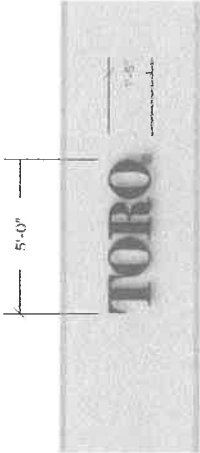
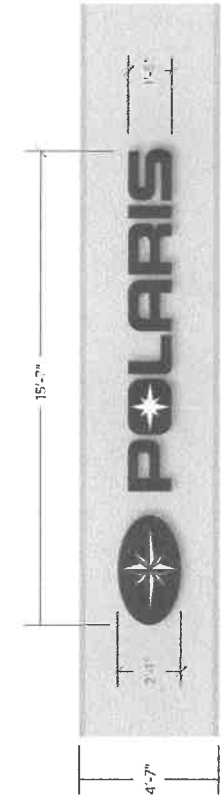


Night View

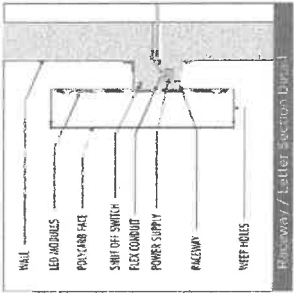


Remove All Existing  
Logo Signs (Qty: 3)

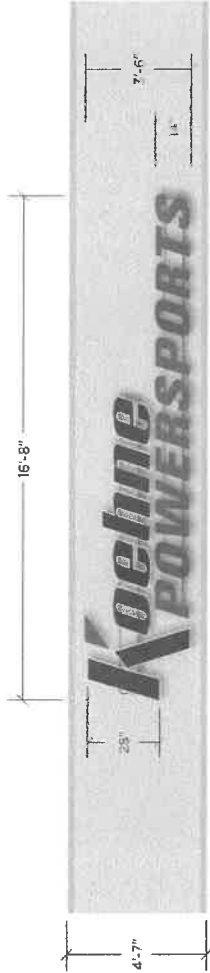
Proposed Channel Letters



POLARIS and TORO Signs Supplied By Others - ES7 Install Only.



Raceway / Letter section Draw 1



Raceway Painted to Match Building - MP02972

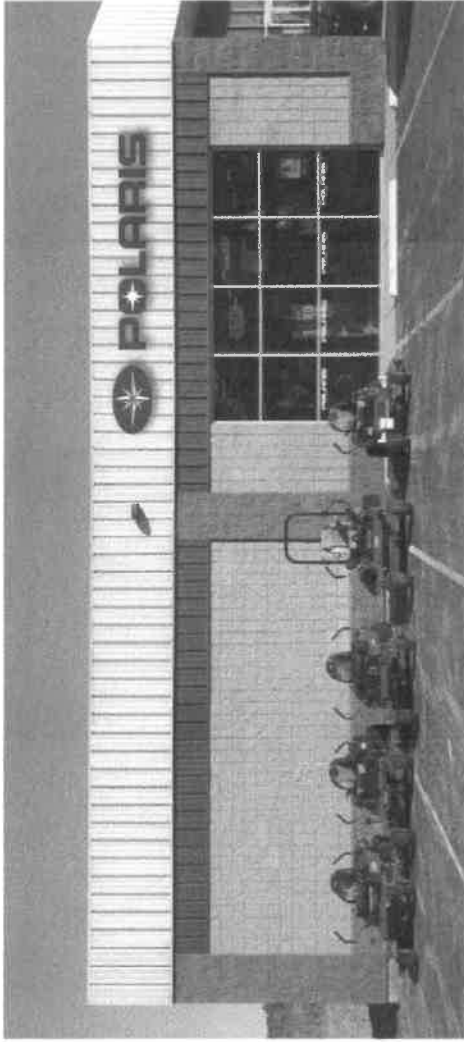
## SPECIFICATIONS

### FACE-LIT CHANNEL LETTERS

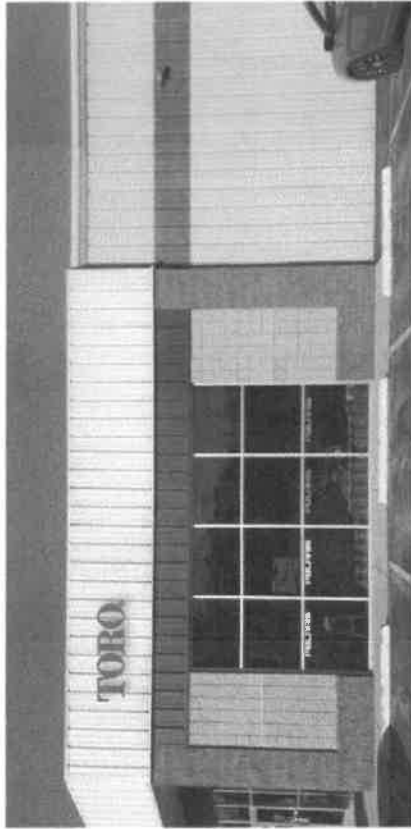
Face Material: White Acrylic  
Graphics: Translucent Vinyl 3630-63  
Blue w/ White Outline & Translucent Vinyl 3630-33 Red  
Return Depth: 5"  
Return Color: Pre-finished White  
Illumination: White LED's  
Mount: Raceway Mount to Building.  
Raceway Color: Paint to Match Building - MP02972

300 Sq. Ft.  
Max Building Signage  
Allowed by Code

<div> 800-514-1119   ELEVATE97.COM</div> <div>CLIENT: Koehne Powersports ADDRESS: 1740 US-41 Marinette, WI DATE: September 5, 2024 SCALE: 1/4" = 1'-0" AE: Scott Bertrand DESIGNER: RE</div>	DESIGN #: 13269 JOB # -  REVISION #: 10 REVISED DATE: 3/13/25	PAGE - 2	<div><div><input type="checkbox"/> CONCEPTUAL</div><div><input type="checkbox"/> FIELD SURVEY / MEASUREMENTS REQUIRED <input type="checkbox"/> ELECTRONIC FILE OF LOGO REQUIRED <input type="checkbox"/> RACEWAY COLOR MATCH REQUIRED</div></div> <div><input checked="" type="checkbox"/> FINAL</div>	<div>WWW.ELEVATE97.COM   ALL CONCEPTS ARE PROPERTY OF ELEVATE97   © 2022 ELEVATE97</div> <div>WITH APPROVAL OF THIS DESIGN I HEREBY GIVE ELEVATE 97 PERMISSION TO BEGIN PRODUCTION ON THE SIGNAGE ILLUSTRATED. I AGREE THAT ALL SPECIFICATIONS, SPELLING, COLORS AND ELEVATIONS LISTED ARE CORRECT AND APPROVED. ANY CHANGES MADE AFTER PRODUCTION HAS STARTED WILL RESULT IN ADDITIONAL CHARGES</div> <div>CLIENT APPROVAL -</div> <div>DATE -</div>
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Install/ Placement of POLARIS and TORO Signs to be Coordinated with Customer on Site



 800-514-1119   ELEVATE97.COM	CLIENT: Koehn Powersports ADDRESS: 1740 US-41 Marinette, WI DATE: September 5, 2024 SCALE: 1/4" = 1'-0" AE: Scott Bertrand DESIGNER: RE	PAGE - 3	DESIGN # 13269 JOB # - REVISION #: 10 REVISED DATE: 3/13/25	<input type="checkbox"/> CONCEPTUAL <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> FIELD SURVEY / MEASUREMENTS REQUIRED <input type="checkbox"/> ELECTRONIC FILE OF LOGO REQUIRED <input type="checkbox"/> RACEWAY COLOR MATCH REQUIRED	WWW.ELEVATE97.COM   ALL CONCEPTS ARE PROPERTY OF ELEVATE97   © 2022 ELEVATE97 WITH APPROVAL OF THIS DESIGN I HEREBY GIVE ELEVATE 97 PERMISSION TO BEGIN PRODUCTION ON THE SIGNAGE ILLUSTRATED. I AGREE THAT ALL SPECIFICATIONS, SPELLING, COLORS AND ELEVATIONS LISTED ARE CORRECT AND APPROVED. ANY CHANGES MADE AFTER PRODUCTION HAS STARTED WILL RESULT IN ADDITIONAL CHARGES CLIENT APPROVAL - DATE -
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# ELECTRICAL PERMIT

## ProCheck Inspections, LLC

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

Permit No. 25-20  
Parcel No. # 024-01897.045  
Permit Fee 145-  
Check No. 35508  
Date 4-29-2025

Owner/Contractor Drees Electric Inc.  
Project Type Detached Garage Phone Number 715-735-7125  
Project Address W 910 Edwards Ave. Marinette WI 54143  
Comments \_\_\_\_\_ Email jondrees@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
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:

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

Brent M. Drees 1002817  
Licensed Master Electrician (Print) License No.

10,000  
Estimated Cost

Signature of Applicant

Drees Electric Inc

Electrical Contractor

1625 Marinette Ave

Contractor Mailing Address

Marinette WI 54143  
City State ZIP

Date

715-923-4332

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. 25-21  
Parcel No. 024-016025.003  
Permit Fee 150-  
Check No. 4930  
Date: 5-11-2025

Owner/Contractor <u>PAUL Fritz</u>																												
Project Type <u>Shed</u>	Phone Number <u>715-923-3916</u>																											
Project Address <u>N 2287 HALE Rd Res HTigo WI 54151</u>																												
Comments <u>24' x 36' Shed</u>	Email _____																											
<table border="1"><thead><tr><th colspan="2">Application Type</th><th>Type of Building</th></tr></thead><tbody><tr><td><input type="checkbox"/> New Building</td><td><input type="checkbox"/> Moving</td><td><input type="checkbox"/> One Family</td><td><input type="checkbox"/> Garage - Attached</td></tr><tr><td><input type="checkbox"/> Addition</td><td><input type="checkbox"/> Siding</td><td><input type="checkbox"/> Two Family</td><td><input type="checkbox"/> Garage - Separate</td></tr><tr><td><input type="checkbox"/> Remodel - Interior</td><td><input type="checkbox"/> Fence</td><td><input type="checkbox"/> Multi-Family</td><td></td></tr><tr><td><input type="checkbox"/> Remodel - Exterior</td><td>Other <u>SHE D</u></td><td><input type="checkbox"/> Commercial</td><td></td></tr><tr><td><input type="checkbox"/> Deck</td><td>(<u>24' x 36'</u>)</td><td><input type="checkbox"/> Other _____</td><td></td></tr><tr><td colspan="2">Estimated \$ _____</td><td colspan="2"></td></tr></tbody></table>		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>SHE D</u>	<input type="checkbox"/> Commercial		<input type="checkbox"/> Deck	( <u>24' x 36'</u> )	<input type="checkbox"/> Other _____		Estimated \$ _____			
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Estimated \$ _____																												

Building Size Information		Set Backs Accessory Building	Lot Information																					
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner																					
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior																					
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard <u>120'</u>	Type _____																					
No. Stories _____	Volume _____	Rear Yard _____	Size _____																					
Height _____	Total Area _____		Area _____																					
<table border="1"><thead><tr><th>Main Bldg Setbacks</th><th>Type of Construction</th></tr></thead><tbody><tr><td>Set Back _____</td><td><input checked="" type="checkbox"/> Frame</td></tr><tr><td>Side Yard _____</td><td><input type="checkbox"/> Masonry</td></tr><tr><td>Side Yard _____</td><td><input type="checkbox"/> Steel</td></tr><tr><td>Rear Yard _____</td><td>Exterior Finish <u>Steel</u></td></tr></tbody></table>		Main Bldg Setbacks	Type of Construction	Set Back _____	<input checked="" type="checkbox"/> Frame	Side Yard _____	<input type="checkbox"/> Masonry	Side Yard _____	<input type="checkbox"/> Steel	Rear Yard _____	Exterior Finish <u>Steel</u>	<table border="1"><thead><tr><th>Foundation</th><th>Type of Foundation</th></tr></thead><tbody><tr><td><input type="checkbox"/> Full Bsmt</td><td><input type="checkbox"/> Concrete</td></tr><tr><td><input type="checkbox"/> Partial Bsmt</td><td><input type="checkbox"/> Block</td></tr><tr><td><input type="checkbox"/> Crawl Space</td><td><input type="checkbox"/> Pier Supports-Per Engineering</td></tr><tr><td><input type="checkbox"/> Frost Wall</td><td><input type="checkbox"/> Steel <input type="checkbox"/> Wood</td></tr><tr><td><input type="checkbox"/> Concrete Slab</td><td><input type="checkbox"/> Posts No. _____</td></tr></tbody></table>	Foundation	Type of Foundation	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood	<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____
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<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) Paul Fritz Applicant (print) PAUL Fritz

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. 25-22

Parcel No. 024-01856.003

Permit Fee 175-

Check No. 4904

Date 5-12-2025

Owner/Contractor Mueller Electric LLC

Project Type Generator ATS install Phone Number 715-854-2532

Project Address N2716 Stanley Ln Marinette WI 54143

Comments Thomas Westlund Email heath@muellerelectric.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 type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Other <u>Generator install</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>200amp</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:

Installation of 20KW generator and 200amp automatic transfer switch

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

Travis Mueller 253723  
Licensed Master Electrician (Print) License No.

[Signature]  
Signature of Applicant

Mueller Electric LLC  
Electrical Contractor

W6330 Loomis Rd  
Contractor Mailing Address

Porterfield WI 54159  
City State ZIP

14000.00  
Estimated Cost

5-9-25  
Date

715-854-2532  
Contractor Telephone Number

Brian 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

# 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. 25-23

Parcel No. 024-01132 000

Permit Fee 147-

Check No. 28742

Date: 5-12-2025

Owner/Contractor Joshua Beyer

Project Type Add On

Phone Number 715-330-2979

Project Address N3050 Schacht Rd.

Josh+go WI 54157

Comments \_\_\_\_\_ Email JoshuaBeyer22@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 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 \$ <u>5,500</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
G.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area <u>1232</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 checked="" 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 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 Assistant, as a condition of issuing this permit.

Applicant (signature) [Signature] Applicant (print) Joshua J. Beyer

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 54163

920-373-7598

procheckwi@gmail.com

Permit No. 25-24  
Parcel No. 024-01132.000  
Permit Fee 90 -  
Check No. 28742  
Date 5-12-2025

Owner/Contractor Joshua J. Byer  
Project Type Add on Phone Number 715 330 2979  
Project Address N 3050 Schacht Rd Ash Grove WI 54157  
Comments \_\_\_\_\_ Email JoshuaByer22@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 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 _____	<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 sub panel - lighting and outlets in

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

Licensed Master Electrician (Print) \_\_\_\_\_ License No. \_\_\_\_\_

[Signature]  
Signature of Applicant

450 -  
Estimated Cost

4-2-25  
Date

Electrical Contractor \_\_\_\_\_

Contractor Telephone Number \_\_\_\_\_

Contractor Mailing Address \_\_\_\_\_

[Signature]  
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



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)

**567944**

**#: 25-25**

## Project:

**OWNER (AGENT):** Dan Ganter  
**PHONE:** (920) 903-2005  
**BUILDING SITE ADDRESS:** W  
**CITY VILLAGE TOWN:** Town

**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.

#25-25

## INSPECTIONS

## CONTRACTORS

TYPE	NAME	CREDENTIAL #	PHONE
Dwelling Contractor	CLEARY BUILDING CORP	059501355 - DC	
Dwelling Contractor Qualifier	MATHEW R SCHNEIDER	031600046 - DCQ	
HVAC Qualifier	LEMKE HEATING & AIR CONDITIONING LLC	1051084 - HVACCONT	
Electrical Contractor	MERTENS ELECTRIC	1315660 - EC	
Master Electrician	NICHOLAS K GAJESKI	1075274 - ME	
Master plumber	TOM JORNLIN	698999 - PM	

# ELECTRICAL PERMIT

## ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-26  
Parcel No. 024-00849.034  
Permit Fee 175-  
Check No. 97973  
Date 5-26-2025

Owner/Contractor MATTHEW G. SIEGWART  
Project Type RV HOOK UP / ELECTRIC Phone Number 906-250-2944  
Project Address W3260 LAUREN LN PESHAWAR, WI 54137  
Comments \_\_\_\_\_ Email msiegwart84@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"/> Demo
<input checked="" type="checkbox"/> Other (specify) <u>RV</u>		<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:

NEW ELECTRIC SERVICE TO RV HOOK UP

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

TOBY JOHNSON 1017897  
Licensed Master Electrician (Print) License No.

[Signature]  
Signature of Applicant

1120020  
Electrical Contractor

1883 LIS HWY 2  
Contractor Mailing Address

FLORENCE WI 5421  
City State ZIP

\$2,000<sup>00</sup>  
Estimated Cost

4-21-25  
Date

715-889-3766  
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. 25-27

Parcel No. Lot 28

Permit Fee 75-

Check No. 1169

Date: 5-27-2025

Owner/Contractor Alexander Lemery

Project Type Driveway / Fire number Phone Number 715-923-9324

Project Address \_\_\_\_\_

Comments driveway permit and Fire number Email AlexLemery1422@gmail.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 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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) Alexander Lemery Applicant (print) Alexander Lemery

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 W1430 Rolling Hill Ln \*

\* Please see attached Driveway/culvert ordinance \*

# 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. 25-28

Parcel No. 24-2498.2

Permit Fee 175-

Check No. 82228

Date: 6-12-2025

Owner/Contractor MSB Industries Inc.

Project Type Addition

Phone Number 715-735-9771

Project Address N3900 Hwy 180 Marinette, WI 54143

Comments \_\_\_\_\_

Email brian.gabriel@msbindinc.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 checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>120,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area <u>1493 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 <u>6'7 1/4"</u>	<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 siding</u>	<input checked="" type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts
			No. _____

Contractor MSB Ind. Inc. Address W1923 Flame Rd Marinette Telephone 715-735-9771

Email brian.gabriel@msbindinc.com

Architect/Designer River View Arch. LLC. Address W12832 Ivy Lane, Portfield Telephone 715-732-9685

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 Gabriel

Applicant (print) Brian Gabriel

State DC # 079600069

State DCQ # 09C701644

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. 25-29  
Parcel No. 024-01856.003  
Permit Fee 75-  
Check No. 6726  
Date: 6-15-2025

Owner/Contractor <u>Tom Westlund</u>	
Project Type <u>Driveway</u>	Phone Number <u>715-923-5986</u>
Project Address <u>N2716 Stanley Lane, Marinette, WI. 54143</u>	
Comments <u>Driveway off RaderRd</u>	Email <u>twestlund@new.rr.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>Driveway Blacktop</u>	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck	<u>with culvert</u>	<input type="checkbox"/> Other _____	
Estimated \$ <u>\$35,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input checked="" type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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 Biehl LLC Asphalt Paving Address W725 Co B Telephone 715-732-0257

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) Tom Westlund

State DC # \_\_\_\_\_ State DCQ # \_\_\_\_\_ Approved by Bryan Lauritzen

**\* Note: Culvert must be Metal \* Thank you.**

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

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



SITE INFO	
<b>SUBDIVISION</b>	
<b>LOT NO.:</b>	
<b>BLOCK NO.:</b>	
<b>ZONING DISTRICT:</b>	
<b>SETBACKS:</b>	
FRONT: 243	
REAR: 990	
LEFT: 153	
RIGHT: 168	

<b>PARCEL NO.</b> 024-01342.003
------------------------------------

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	ELROY GRAESE III	665972 - ME	
Master Plumber	TOM JORNLIN	698999 - PM	
Dwelling Contractor Qualifier	Roger Kriedeman Jr	3585 - DCQ	
Electrical Contractor	Graese Electric	1481 - EC	

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

**#: 25-30**

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

578666

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

## Project:

<b>Issued To</b>	<b>OWNER (AGENT):</b> Roger A Kriedeman <b>PHONE:</b> (715) 923-0468 <b>BUILDING SITE ADDRESS:</b> W989 Madsen Rd <b>CITY, VILLAGE, TOWN:</b> Town of PESHTIGO
------------------	---

<b>Issued By</b>	<b>PERSON ISSUING:</b> Bryan Lauritzen <b>CERT. NO:</b> 121900098 - UDC <b>DATE ISSUED:</b> 2025-10-30 <b>PHONE:</b> (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. 25-31

Parcel No. 024-02146.000

Permit Fee \$100.00

Check No. 2209

Date: 6-9-25

Owner/Contractor	<u>Thomas &amp; Cassie Tebo</u>		
Project Type	<u>Single Family</u>	Phone Number	<u>715-938-7042</u>
Project Address	<u>N3244 River Bend Road, Peshtigo, WI 54157</u>		
Comments	<u>lot size 0.22 acres</u>	Email	<u>Tom-Tebo@yahoo.com</u> <u>underscore</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 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 \$ _____			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area <u>NA</u>	2 <sup>nd</sup> floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type <u>0.22 Acres</u>
No. Stories _____	Volume _____	Rear Yard _____	Size <u>50x190</u>
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 checked="" type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>Wood</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel
		<input type="checkbox"/> Concrete Slab	<input checked="" type="checkbox"/> Wood
			No. _____

Contractor David Loren Address W 3794 Card D Peshtigo Telephone 715-923-2529  
Email Davidloren@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 by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Thomas Tebo  
State DC # \_\_\_\_\_ State DCQ # \_\_\_\_\_ Approved by Cassie Tebo  
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. 2532  
Parcel No. 024-01772.060  
Permit Fee \$150<sup>00</sup>  
Check No. 3420  
Date: 25 June 2025

Owner/Contractor Ken Pickel  
Project Type Shed / Carport Phone Number 715 938-8834  
Project Address N 2078 Dahl Rd Marinette WI 54143  
Comments \_\_\_\_\_ Email mqdme2012@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 type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel - Exterior	Other <u>Shed</u>	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other <u>Shed</u>	
Estimated \$ <u>8500<sup>00</sup></u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>31 X 24</u>	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type <u>Ag1</u>
No. Stories <u>1</u>	Volume _____	Rear Yard _____	Size <u>21.06 acres</u>
Height <u>12</u>	Total Area <u>744</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 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 type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor self Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Architect/Designer VersaTube Address 50 Eastley Street  
Collierville TN 38017 Telephone 800 810-2993

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) Ken Pickel Applicant (print) Ken Pickel  
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. 25-33  
Parcel No. 024-01840.003  
Permit Fee 175.00  
Check No. \_\_\_\_\_  
Date 6/30/25

Owner/Contractor Purdy Sodasberg Electric  
Project Type Service Phone Number \_\_\_\_\_  
Project Address W 625 Wiegars 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"/> 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 <u>200A Service</u>	

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>120-290</u>		<input type="checkbox"/> Four Wire

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

VO Service

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

245894  
Licensed Master Electrician (Print) License No.

Purdy Sodasberg  
Signature of Applicant

Purdy Sodasberg Electric  
Electrical Contractor

P.O. Box 135  
Contractor Mailing Address

Marengo WI 54143  
City State ZIP

\$2000  
Estimated Cost

6/30/25  
Date

715-923-4168  
Contractor Telephone Number

Brian 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. 25-34  
Parcel No. 024-00502.007  
Permit Fee \$150  
Check No. 1270  
Date: 7-28-2005

Owner/Contractor <u>Mike Kodric</u>	
Project Type <u>garage</u>	Phone Number <u>715-923-9908</u>
Project Address <u>W3346 Sand Ridge Rd Peshtigo, WI 54157</u>	
Comments _____ Email _____	
<b>Application Type</b>	<b>Type of Building</b>
<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>8,000</u>	

<b>Building Size Information</b>		<b>Set Backs</b>	<b>Lot Information</b>
		<b>Accessory Building</b>	
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area <u>28x28</u>	3 <sup>rd</sup> floor _____	Side Yard <u>East Side of house</u>	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
<b>Main Bldg Setbacks</b>	<b>Type of Construction</b>	<b>Foundation</b>	<b>Type of Foundation</b>
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 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 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) Mike Kodric Applicant (print) Mike Kodric  
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. 25-35  
Parcel No. 024-02475.000  
Permit Fee 250-  
Check No. 1021  
Date: 9-19-24

Owner/Contractor <u>MATTHEW G. SIEGWARD</u>	
Project Type <u>REMODEL</u>	Phone Number <u>906-250-2944</u>
Project Address <u>N3275 RW PESH160, WI 54157</u>	
Comments <u>INSTALL NEW TRUSSES</u>	Email _____
<b>Application Type</b>	<b>Type of Building</b>
<input type="checkbox"/> New Building <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input checked="" 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>26 K</u>	

<b>Building Size Information</b>		<b>Set Backs</b>	<b>Lot Information</b>
<b>Accessory Building</b>			
O.A. Dimension <u>38x36</u>	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	
No. Stories <u>ONE</u>	Volume _____	Rear Yard _____	
Height <u>8'</u>	Total Area _____		
<b>Main Bldg Setbacks</b>		<b>Foundation</b>	<b>Type of Foundation</b>
Set Back _____	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard _____	<input type="checkbox"/> Masonry	<input checked="" 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 Crossen's Homes Address W3390 Robert Rider Rd Telephone 906-250-2944  
Email msiegward84@gmail.com PESH160, WI 54157  
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) MATTHEW G. SIEGWARD  
State DC # 042300525 State DCQ # 102301241 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. 25-36  
Parcel No. 024-01561.001  
Permit Fee 175-  
Check No. 7389  
Date 7-30-2025

Owner/Contractor Gabe Hintz  
Project Type generator/t.s install Phone Number 920-604-2478  
Project Address W2842 Cty Rd B - Marinette  
Comments \_\_\_\_\_ Email Sandra.hintz@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"/> 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 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:

generator / transfer switch install

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

Keith Raddant 1106791  
Licensed Master Electrician (Print) License No.

Sheri Raddant  
Signature of Applicant

Raddant Electric  
Electrical Contractor

W7850 Cty Rd MMM  
Contractor Mailing Address

Shawano WI 54166  
City State ZIP

\$ 11218.00  
Estimated Cost

7-24-25  
Date

715-526-6578  
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. 25-37

Parcel No. 024-01365.004

Permit Fee 175-

Check No. 2056

Date: 7-30-2025

Owner/Contractor <u>Integrity Decking Company- Mae Worley</u>	
Project Type <u>Deck Build</u>	Phone Number <u>920-961-2409</u>
Project Address <u>W1112 Rader Rd Marinette WI 54143</u>	
Comments _____	Email <u>mae.worley@integritydecking.com</u>
<b>Application Type</b>	<b>Type of Building</b>
<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 checked="" type="checkbox"/> Deck	<input checked="" type="checkbox"/> Other <u>Deck</u>
<input type="checkbox"/> Moving	<input type="checkbox"/> Garage – Attached
<input type="checkbox"/> Siding	<input type="checkbox"/> Garage – Separate
<input type="checkbox"/> Fence	
Other _____	
Estimated \$ _____	

<b>Building Size Information</b>		<b>Set Backs</b>	<b>Lot Information</b>
		<b>Accessory Building</b>	
O.A. Dimension <u>162</u>	1 <sup>st</sup> Floor _____	Front <u>101.4'</u>	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard <u>92.7'</u>	Type _____
No. Stories _____	Volume _____	Rear Yard <u>939.6</u>	Size _____
Height <u>22</u>	Total Area _____		Area _____
<b>Main Bldg Setbacks</b>	<b>Type of Construction</b>	<b>Foundation</b>	<b>Type of Foundation</b>
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 Integrity Decking Company Address 1518 S Broadway, Green Bay, WI, 54304 Telephone 920-961-2409

Email mae.worley@integritydecking.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) Mae Worley Applicant (print) Mae Worley

State DC # 582-DCFR State DCQ # DCQ-112301395 Approved by Bryan Lawriter

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. 25-38

Parcel No. 024-01733, 003

Permit Fee 230 -

Check No. 2190

Date: 8-5-2025

Owner/Contractor <u>Joel Ortman</u>	
Project Type <u>Garage/Shed</u>	Phone Number <u>920-598-0415</u>
Project Address <u>W2195 Ryge Rd Marinette WI 54143</u>	
Comments _____ Email <u>joelortman@gmail.com</u>	
<b>Application Type</b>	<b>Type of Building</b>
<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>70,000</u>	

<b>Building Size Information</b>		<b>Set Backs</b>	<b>Lot Information</b>
O.A. Dimension <u>32' x 72'</u>		Front <u>42'</u>	<input type="checkbox"/> Corner <input checked="" type="checkbox"/> Interior Type <u>A-Z</u> Size <u>2.25 Ac.</u> Area _____
Basement Area _____		Main Bldg _____	
Garage Area <u>32' x 72'</u>		Side Yard <u>15' See Plan</u>	
No. Stories <u>1</u>		Rear Yard <u>15'</u>	
Height <u>16' 24" 2x</u>			
Volume _____			
Total Area <u>2304</u>			
A 1110 x.			
<b>Main Bldg Setbacks</b>	<b>Type of Construction</b>	<b>Foundation</b>	<b>Type of Foundation</b>
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 \_\_\_\_\_ 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 by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (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**

# ELECTRICAL PERMIT

## ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-39

Parcel No. 024-01773.003

Permit Fee 80-

Check No. 2190

Date 8-5-2025

Owner/Contractor Joel Ortman

Project Type Garage/Shed Phone Number 920598-0415

Project Address W2195 Raggio Rd Marinette WI 54143

Comments \_\_\_\_\_ Email joclortman@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 type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel
<input type="checkbox"/> Other (specify) <u>Garage</u>		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
			<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>100 or 200 TBD</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:

Separate Service to a Separate Garage, work done on our property.

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

WPS Instal Pcd  
Licensed Master Electrician (Print) License No. \_\_\_\_\_

Joel Ortman  
Signature of Applicant

3500  
Estimated Cost

4/10/2025  
Date

Electrical Contractor \_\_\_\_\_

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**

# 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. 25-40

Parcel No. 024-01865.065

Permit Fee 245-

Check No. 1034

Date: 8-18-2025

Owner/Contractor The Handy Husband LLC

Project Type Basement Finish Phone Number 920-661-7065

Project Address N2775 Stanley Ln

Comments Discuss Tapping into the House Email TheHandyHusbandLLC21@gmail.com  
for Basement Handy + ceiling

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>25,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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 checked="" 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 The Handy Husband LLC Address 200 Smith St

Telephone 920-661-7065

Email TheHandyHusbandLLC21@gmail.com owner WI 54153

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) Ryan Marshall Applicant (print) Ryan Marshall

State DC # 072100864 State DCQ # 072100835 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. 25-41

Parcel No. 024-01865.005

Permit Fee 60-

Check No. 1034

Date 8-18-2025

Owner/Contractor The Handy Husband LLC

Project Type Basement Remodel Phone Number 920-246-4552

Project Address 22775 Stanley Ln Marinette

Comments \_\_\_\_\_ Email The Handy Husband LLC @ignition

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"/> 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 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:

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

Darwin Farmer 1217-ME \$1500  
Licensed Master Electrician (Print) License No. Estimated Cost

[Signature] 8-5-25  
Signature of Applicant Date

Tri Phase Electrical 920-609-8855  
Electrical Contractor Contractor Telephone Number

642 Madison Street Bryan Lauritzen  
Contractor Mailing Address Electrical Inspector

Oconto WI 54153  
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. 85-42  
Parcel No. 024-01084.002  
Permit Fee 125-  
Check No. 22359  
Date: 8/8/2025

Owner/Contractor Koehne Powersports - FTC INVESTMENTS LLC  
Project Type Remove existing pylon & install new pylon Phone Number 715-732-6501  
Project Address W1740 US-41 Marinette, WI 54143  
Comments \_\_\_\_\_ Email svanlanen@koehnegm.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>Sign</u>	<input checked="" type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>74,800</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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 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 Tim's Lighting Codba: TLC Sign, Inc Address 990 Jameson Street Neenah WI 54956 Telephone 920-731-4852  
Email julie@tlcsign.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 inspectors, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Julie Braun Applicant (print) Julie Braun  
State DC # \_\_\_\_\_ State DCQ # \_\_\_\_\_ Approved by Bryan Lawitson

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. 25-43

Parcel No. 024-01344.002

Permit Fee 295-

Check No. 1164

Date: Aug 20 2025

Owner/Contractor John Hornick

Project Type Garage and Fence

Phone Number 715-923-5046

Project Address W 979 County Rd B Marinette WI 54143

Comments \_\_\_\_\_

Email johnhornick15@gmail.com

Application Type		Type of Building	
<input checked="" type="checkbox"/> New Building \$40,000	<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 checked="" type="checkbox"/> Fence \$5,000	<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>↑</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg <u>20'</u>	<input type="checkbox"/> Interior
Garage Area <u>2600 sq ft</u>	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories <u>one</u>	Volume _____	Rear Yard <u>25'</u>	Size _____
Height <u>22'</u>	Total Area _____	<u>See Map</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 Self

Address W 959 Cty Rd B

Telephone 715 923-5046

Email johnhornick15@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) John Hornick

Applicant (print) John Hornick

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. 25-44  
Parcel No. 024-01469.000  
Permit Fee \$ 175.00  
Check No. 1318  
Date 9-2-25

Owner/Contractor Marquardt Electrical Services / Dewitt  
Project Type electrical service change Phone Number 920-599-0959  
Project Address W1360 Little River Rd. Peshtigo WI 54151  
Comments \_\_\_\_\_ Email MMARQUARDT@MESLLC.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>Change</u>			
<input type="checkbox"/> New	Meters Required <u>X</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:

CHANGE SERVICE FROM OVERHEAD TO UNDERGROUND

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

Mitch Marquardt 1246091-ME \$ 1250.00  
Licensed Master Electrician (Print) License No. Estimated Cost

[Signature] Aug 13, 2025  
Signature of Applicant Date

\_\_\_\_\_  
Electrical Contractor Contractor Telephone Number

PO Box 71 Bryan Lauritzen  
Contractor Mailing Address Electrical Inspector

Peshtigo WI 54151  
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. 25-45

Parcel No. 024-00075

Permit Fee 75-

Check No. 131

Date: 8/20/2025

Owner/Contractor John Nichols  
Project Type Shed Phone Number 920-619-7710  
Project Address Dahl & Krause Rd.  
Comments Need Fence # for parcel Email Johnnaservice1ststaff.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 checked="" type="checkbox"/> Other <u>shed</u>	
Estimated \$ _____			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area <u>720 sq. Ft.</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>94 ft.</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 type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>Tin</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. <u>Gravel Pad</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) John Nichols Applicant (print) John Nichols

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 W1643 Krause Road

# 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. 25-46

Parcel No. 024-00075

Permit Fee 185-

Check No. 120

Date: 9-8-2025

Owner/Contractor John Nichols

Project Type Shed

Phone Number 920-619-7710

Project Address Krause / Dahl Rd,

Comments \_\_\_\_\_ Email Nicholsj658@gmail.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>Storage shed</u>	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input checked="" type="checkbox"/> Other <u>Storage shed</u>	
Estimated \$ <u>16,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>14x40</u>	1 <sup>st</sup> Floor _____	Front <u>Shed front of property</u>	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type <u>Hunting land</u>
No. Stories <u>Loft</u>	Volume _____	Rear Yard _____	Size <u>37.3 acres</u>
Height _____	Total Area <u>720 sq. ft</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>wood</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. <u>Grave</u>

Contractor Retzy Sales Address N1739 WI-49, Berlin, WI 54923 Telephone 920-295-2541

Email retzy@hotmail.com

Architect/Designer Paul Address \_\_\_\_\_ Telephone 920-295-2541

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) John Nichols Applicant (print) John Nichols

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. 25-47  
Parcel No. D24 - 018 52.000  
Permit Fee 150 -  
Check No. 1089  
Date: 9-12-2025

Owner/Contractor Barbara Ernis  
Project Type New Storage Unit Phone Number 715-923-4014  
Project Address W 877 Madison Rd Marinette WI 54143  
Comments Peshigo Township Email eternity666666@yahoo.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 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>8500.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>14 X 32</u>	1 <sup>st</sup> Floor _____	Front _____	<input checked="" type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard <u>15 ft</u>	Type _____
No. Stories _____	Volume _____	Rear Yard <u>15 ft</u>	Size _____
Height _____	Total Area <u>448 sq ft</u>		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 <u>ground</u>
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>Prebuilt Steel</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab <u>ground</u>	Posts No. _____

Contractor Home Owner Address As stated above 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 inspectors, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Barbara Ernis Applicant (print) Barbara Ernis  
State DC # \_\_\_\_\_ State DCQ # \_\_\_\_\_ Approved by Bryan Lawless

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. 25-48

Parcel No. 024-01542.000

Permit Fee 150 -

Check No. 6272

Date: 9-14-2025

Owner/Contractor George Seymour

Project Type RV. Car Port Phone Number 715-923-9097

Project Address W2265 Cty B MARINETTE, WIS

Comments \_\_\_\_\_ Email \_\_\_\_\_

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>4,200.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>14 X 33</u>	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard <u>X</u>	Size _____
Height <u>14 Feet</u>	Total Area <u>14 X 33</u>		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 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 checked="" type="checkbox"/> Steel <input type="checkbox"/> Wood
		<input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor George Seymour Address W2265 Cty B Telephone 715-923-9097

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) George Seymour Applicant (print) George Seymour

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. 25-49

Parcel No. 024-02441.000

Permit Fee 443-

Check No. 15530

Date: 9-14-2005

Owner/Contractor	<u>CYNTHIA BEHNKE</u>		
Project Type	<u>A SINGLE STORY ADDITION</u>	Phone Number	<u>715-923-0450</u>
Project Address	<u>W1679 CANAL LANE PESHTIGO WI 54157</u>		
Comments	Email		

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 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 \$ <u>128,000</u>			

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension <u>26'x28'</u>	1 <sup>st</sup> Floor <u>728</u>	Front _____	<input type="checkbox"/> Corner
Basement Area <u>NA</u>	2 <sup>nd</sup> floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area <u>NA</u>	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories <u>1</u>	Volume _____	Rear Yard _____	Size _____
Height <u>18</u>	Total Area <u>728 SF</u>		Area <u>.48 AC</u>
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>130'</u>	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard <u>24</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input checked="" type="checkbox"/> Block
Side Yard <u>50'</u>	<input type="checkbox"/> Steel	<input checked="" 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 BARRON BUILDING Address P.O. Box 189 Telephone 920-621-6388  
Email barronbuilding@aol.com  
Architect/Designer BARRON Address SAME Telephone SAME

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) Steven B. Barron Applicant (print) STEVEN B. BARRON  
State DC # 049900075 State DCQ # 070800080 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. 25-50

Parcel No. 024-02441.000

Permit Fee 125-

Check No. 15530

Date 9-14-2025

Owner/Contractor CYNTHIA BEHNKE

Project Type ADDITION

Phone Number 715-923-0450

Project Address W1679 CANAL LANE PESHTIGO WI 54157

Comments \_\_\_\_\_ Email \_\_\_\_\_

### TYPE OF BUILDING

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

### APPLICATION TYPE

- ☐ New Building  
☒ Remodeling  
☐ Other (specify) \_\_\_\_\_

WATER CLOSETS 1

WASH BASINS

BATH TUBS

SHOWER STALLS 1

SINKS 1

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

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

EVAN KRAHN 685868  
Licensed Master Plumber (Print) License No.

[Signature]  
Signature of Applicant

KRAHN PLUMBING  
Plumbing Contractor

P.O. Box 100  
Contractor Mailing Address

SOAMICO, WI 54173  
City State ZIP

\$8K  
Estimated Cost

9/2/25  
Date

920-819-1167  
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. 25-51  
Parcel No. 024-02441-000  
Permit Fee 125-  
Check No. 15530  
Date 9-14-2025

Owner/Contractor CYNTHIA BEHNKE  
Project Type ADDITION Phone Number 715-923-0450  
Project Address W1679 CANAL LANE PESHTIGO WI 54157  
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 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 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:

WIRING, LIGHTING, SWITCHES + PLUGS FOR ADDITION

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

JEREMY HUNTER 092712  
Licensed Master Electrician (Print) License No.

Jeremy S. Hunter  
Signature of Applicant

HUNTER ELECTRIC INC.  
Electrical Contractor

P.O. BOX 5424  
Contractor Mailing Address

DEPERE WI 54115  
City State ZIP

\$8K  
Estimated Cost

9/2/25  
Date

920-619-2974  
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. 25-52

Parcel No. 024-02441.000

Permit Fee 105-

Check No. 15530

Date 9-14-2025

Owner/Contractor CYNTHIA DEHNKE

Project Type ADDITION Phone Number 715-923-0450

Project Address N1679 CANAL LANE PESHTIGO WI 54157

Comments \_\_\_\_\_ Email \_\_\_\_\_

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 checked="" 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>MODIFY EXIST.</u>	

### 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]  
Signature of Applicant

GPS HEATING & COOLING  
HVAC Contractor

2600 CLEVELAND AVE.  
Contractor Mailing Address

MARINETTE WI 54143  
City State ZIP

\$6K  
Estimated Cost

7115277  
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. 25-53

Parcel No. 24-1864.4

Permit Fee 75 -

Check No. 82488

Date: 9-19-2025

Owner/Contractor <u>MSB Industries Inc.</u>	
Project Type <u>New driveway</u>	Phone Number <u>715-735-9771</u> Cell <u>715-923-6534</u>
Project Address <u>11274D Green Gable Rd</u>	
Comments <u>Install new driveway allowing access to ManiForming well</u> Email <u>brian.gabriel@msbindinc.com</u>	
<b>Application Type</b>	<b>Type of Building</b>
<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>Driveway</u>	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>2,500</u>	

<b>Building Size Information</b>		<b>Set Backs Accessory Building</b>	<b>Lot Information</b>
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
<b>Main Bldg Setbacks</b>	<b>Type of Construction</b>	<b>Foundation</b>	<b>Type of Foundation</b>
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 MSB Industries Inc. Address W1923 Flame Rd Telephone 715-735-9771  
Email brian.gabriel@msbindinc.com Cell 715-923-6534

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 Gabriel Applicant (print) Brian Gabriel  
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**

15" - 22' - metal w/flares

# ELECTRICAL PERMIT

## ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-55

Parcel No. 004-01148.010

Permit Fee 60.00

Check No. 1332

Date 9-15-25

Owner/Contractor TONY GRIFFIN / MARQUARDT ELECTRIC

Project Type OUTBUILDING FEED Phone Number (920) 599-0959

Project Address N3110 DEER HAVEN CT. PESHIGO, WI

Comments \_\_\_\_\_ Email \_\_\_\_\_

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

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

INSTALL FEEDER FROM S SIDE OF DWELLING METER  
SOCKET TO NEW OUTBUILDING & INSTALL PANELBOARD

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

MITCH MARQUARDT 1246091-ME

Licensed Master Electrician (Print) License No.

1500

Estimated Cost

[Signature]

Signature of Applicant

12 SEP 25

Date

MARQUARDT ELECTRIC

Electrical Contractor

(920) 599-0959

Contractor Telephone Number

PO BOX 71 PESHIGO

Contractor Mailing Address

Bryan Lauritzen

Electrical Inspector

PESHIGO WI 54157

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

Permit No. 25-56

Parcel No. 24-1642.4

Permit Fee 75-

Check No. 123

Date: 09/10/25

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

Owner/Contractor	<u>Matthew Lovett</u>		
Project Type	<u>Driveway</u>	Phone Number	<u>(715) 587-7103</u>
Project Address	<u>N/A -&gt; Hale Road Peshtigo WI 54157</u>		
Comments	<u>Culvert / Fire number</u>	Email	<u>Matthew.Lovett22@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"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>Driveway</u>	<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>Driveway</u> <input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$	<u>2000.00</u>

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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>8'6"</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>8'6"</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>100'6"</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 <u>Self</u>	Address <u>351 West Front St</u>	Telephone <u>(715) 587-7103</u>
Email <u>Matthew.Lovett22@gmail.com</u>	<u>Peshtigo WI 54157</u>	
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) <u>Matthew Lovett</u>	Applicant (print) <u>Matthew Lovett</u>
State DC # _____	Approved by <u>Bryan Lauritzen</u>
State DCQ # _____	

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. 25-57  
Parcel No. 024-01591.000  
Permit Fee 65.00  
Check No. 1917  
Date 9-30-2025

Owner/Contractor Abcon Electric

Project Type Temp Elec Service Phone Number 920-209-0131

Project Address W2580 Kingston Ln - Marinette, WI 54143

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 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>100A</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 Hirtbas 1070626  
Licensed Master Electrician (Print) License No.

[Signature]  
Signature of Applicant

Abcon Electric  
Electrical Contractor

701 Sanatorium Rd  
Contractor Mailing Address

Kaukauna, WI 54130  
City State ZIP

2000.00  
Estimated Cost

9/29/25  
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. 25-58

Parcel No. 024-153.6

Permit Fee 75-

Check No. 127

Date: 9-29-25

Owner/Contractor <u>Jasper &amp; Megan Blokzyl</u>	
Project Type <u>Fire Number</u>	Phone Number <u>920-445-3455</u>
Project Address <u>TBD Hale rd Peshtigo</u>	
Comments _____ Email <u>beardedbuilderswi@gmail.com</u>	
<b>Application Type</b>	<b>Type of Building</b>
<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 number</u>	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ _____	

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

<b>Main Bldg Setbacks</b>	<b>Type of Construction</b>	<b>Foundation</b>	<b>Type of Foundation</b>
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 No. _____

Contractor Jasper Blokzyl Address p.o.bpx 125 Suamico, WI 54173 Telephone 920-445-3455

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) Jasper Blokzyl

State DC # \_\_\_\_\_ State DCQ # \_\_\_\_\_ Approved by Bryan Lawriter

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

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

*\* See attached Map - Please assign N1558 Hale Rd \**



# 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. 25-31 25-59

Parcel No. 024-02376.000

Permit Fee 100.00

Check No. 1081

Date: 10/2/25

Owner/Contractor	<u>Chris Cucke</u>		
Project Type	<u>Demo</u>	Phone Number	<u>(715) 587-1110</u>
Project Address	<u>N2122 Shore Drive</u>		
Comments	Email <u>cucke3@new.rr.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 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 <u>Razz</u>	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>100.</u>	

Building Size Information	Set Backs Accessory Building	Lot Information	
O.A. Dimension <u>30' x 36'</u> Basement Area <u>30' x 36'</u> Garage Area <u>25' x 25'</u> No. Stories <u>None</u> Height <u>8' walls</u>	1st Floor <u>X</u> 2nd floor 3rd floor Volume Total Area <u>1500 sq ft</u>	Front Main Bldg Side Yard Rear Yard	
		<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type Size <u>0.8 ACRES</u> Area	
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>143'</u> Side Yard Side Yard Rear Yard <u>65'</u>	<input type="checkbox"/> Frame <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish	<input checked="" 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 checked="" type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts No. <u>Wood</u>

Contractor UMC Construction Address 2010 10th St Telephone (715) 587-1110

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) Chris Cucke Applicant (print) Chris Cucke

State DC # State DCQ # Approved by Bryan Lauritzen

Per conversation w/ contractor, all utilities have been properly disconnected.

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. 25-60  
Parcel No. 024-02304.000  
Permit Fee 175-  
Check No. 1499  
Date 10-9-2025

Owner/Contractor John & Dixie Hunt  
Project Type Generator Install Phone Number 715-732-2530  
Project Address N2202 Shore Dr. Marinette  
Comments Generator Installation with automatic transfer switch 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</u>	<input type="checkbox"/> Demo
			<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>150</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:

Generator Installation with automatic transfer switch

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

12,343.23  
Estimated Cost  
9/30/25  
Date  
202-723-6565  
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**

SITE INFO	
<b>SUBDIVISION</b>	
<b><u>LOT NO.:</u></b>	
<b><u>BLOCK NO.:</u></b>	
<b><u>ZONING DISTRICT:</u></b>	
<b><u>SETBACKS:</u></b>	
FRONT: 65	
REAR: 75	
LEFT: 15	
	RIGHT: 15

**SUBDIVISION**  
**LOT NO.:**  
**BLOCK NO.:**  
**ZONING DISTRICT:**

**SETBACKS:**  
FRONT: 65  
REAR: 75  
LEFT: 15

**RIGHT: 15**

**PARCEL NO.**  
024-02146.000

## 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	JUSTIN SVINICKI	061100104 - DC	
Dwelling Contractor Qualifier	JUSTIN SVINICKI	061100001 - DCQ	
HVAC Qualifier	GPS HEATING & COOLING SYSTEMS & SERVICE LLC	1006557 - HVACCONT	
Electrical Contractor	MT ELECTRIC LLC	1257000 - EC	
Master Electrician	MICHAEL JOSEPH TRACY JR	1100795 - ME	
Master Plumber	MYRIL A BRIX III	839448 - PM	

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  
#: 25-61

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

**Project:**

<b>Issued To</b>	<b>OWNER (AGENT):</b> Thomas Jon Tebo <b>PHONE:</b> (715) 938-7043 <b>BUILDING SITE ADDRESS:</b> N3244 River Bend Rd <b>CITY, VILLAGE, TOWN:</b> Town of PESHTIGO
------------------	--

<b>Issued By</b>	<b>PERSON ISSUING:</b> Bryan Lauritzen
	<b>CERT. NO:</b> 121900098 - UDC
	<b>DATE ISSUED:</b> 2025-10-09
	<b>PHONE:</b> (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.

# PLUMBING PERMIT

## ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-62  
Parcel No. 024-01699  
Permit Fee \$125.00  
Check No. 1725  
Date 09-30-2025

Owner/Contractor Dan Hengel  
Project Type bathroom + kitchen Phone Number 715-923-6236  
Project Address N1767 Cty Rd BB  
Comments \_\_\_\_\_ Email dan.hengel14@gmail.com

### TYPE OF BUILDING

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

### 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

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

Licensed Master Plumber (Print) \_\_\_\_\_ License No. \_\_\_\_\_

Signature of Applicant

Independent Plumbing

Plumbing Contractor

W5510 Leslie Rd

Contractor Mailing Address

Pestigo WI 54157  
City State ZIP

\$8,000  
Estimated Cost

Date

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**

# HVAC PERMIT

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

Permit No. 25-63  
Parcel No. 024-01699  
Permit Fee \$145.00  
Check No. 1726  
Date 09-30-2025

Owner/Contractor Dan Hengel  
Project Type Furnace install Phone Number 715-923-6236  
Project Address N1767 Cty Rd BB Marinette, WI 54143  
Comments \_\_\_\_\_ Email danhengel14@gmail.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"/> Oil Boilers _____
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Air Handler _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Rooftop _____
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Gas Boilers _____
	<input checked="" type="checkbox"/> Gas Furnace _____
	<input type="checkbox"/> Unit Heaters _____
	<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.

Dan Hengel  
Name of License Holder (Print)

\$10,000  
Estimated Cost

[Signature]  
Signature of Applicant

State HVAC Certification No. \_\_\_\_\_

Johnston Furnace  
HVAC Contractor

Daytime Telephone Number \_\_\_\_\_

W2108 WI-64  
Contractor Mailing Address

Bryan Lauritzen  
HVAC Inspector

Marinette  
City

WI  
State

54143  
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. 25-64

Parcel No. Lot 8 TBD

Permit Fee \$75.00

Check No. 82365

Date: 10/03/2025

Owner/Contractor <u>Stacie Zdroik / All American Dream Homes Inc.</u>	
Project Type <u>Single Family Dwelling</u>	Phone Number <u>920-371-6050</u>
Project Address <u>Rustic Pine Estates Lot # 8 Roosevelt Rd. Marinette, WI 54143</u>	
Comments <u>Fire Number Application</u>	Email <u>gc@allamericandreamhomes.com</u> <u>k.christiansen@allamericandreamhomes.com</u>
<b>Application Type</b>	<b>Type of Building</b>
<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 _____	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ _____	

<b>Building Size Information</b>		<b>Set Backs Accessory Building</b>	<b>Lot Information</b>
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
<b>Main Bldg Setbacks</b>	<b>Type of Construction</b>	<b>Foundation</b>	<b>Type of Foundation</b>
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 All American Dream Homes Address 591 Maple Maple Street Peshtigo, WI 54167 Telephone 715-582-4421

Email gc@allamericandreamhomes.com

Architect/Designer same 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) Kristine Christiansen Applicant (print) Kristine Christiansen

State DC # \_\_\_\_\_ State DCQ # \_\_\_\_\_ Approved by Bayan Lauritzen

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

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

*\* Please assign N2595 Roosevelt Rd. \**

**ELECTRICAL PERMIT****ProCheck Inspections, LLC**

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

Permit No. 25-65Parcel No. 024-00471.001Permit Fee 175-Check No. 8226Date 10-17-2025Owner/Contractor GEORGE EASTMANProject Type POWER TO GARAGE Phone Number 715-938-5171Project Address 11419 SHORE DRIVE MARINETTEComments \_\_\_\_\_ Email EASTMAN-102@HOTMAIL.CO

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"/> Demo
<input checked="" type="checkbox"/> Other (specify) <u>EXISTING GARAGE</u>		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required <u>2</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 checked="" 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:

RUNNING POWER TO EXISTING GARAGE. INCLUDES  
INSTALL OF 200AMP MASTER PEDESTAL.

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

POD SUPERBERG

Licensed Master Electrician (Print)

License No. \_\_\_\_\_

George Eastman

Signature of Applicant

\$1 1000.00

Estimated Cost

10-10-2025

Date

715-923-4168

Contractor Telephone Number

Electrical Contractor

PO BOX 135 MARINETTE WI

Contractor Mailing Address

MARINETTE WI 54143

City

State

ZIP

BRIAN LAURITZEN

Electrical Inspector

Bryan Lauritzen

Make payment payable to municipality &amp; 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. 25-66  
Parcel No. 024-02311.001  
Permit Fee 150-  
Check No. 8848  
Date: 10-21-25

Owner/Contractor Carey Const. Todd Carey/Marty Pullin  
Project Type 2-Story Garage Phone Number 608-213-8167  
Project Address N 2062 Shore Dr Rd Peshtigo  
Comments 2-story Carport/Carport Email todd.carey04@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>110,000</u>			

Building Size Information		Set Backs	Lot Information
		<input checked="" type="checkbox"/> Accessory Building	
O.A. Dimension <u>31x24</u>	1 <sup>st</sup> Floor <u>744</u>	Front <u>NA</u>	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor <u>672</u>	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories <u>2</u>	Volume _____	Rear Yard _____	Size _____
Height <u>8'</u>	Total Area <u>1416</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>10'</u>	<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input checked="" type="checkbox"/> Concrete
Side Yard <u>100'</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>54'</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>100'</u>	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 Carey Const. Address 145 Auburn St GB Telephone 920-445-1078  
Email todd.carey04@yahoo.com  
Architect/Designer B. Hart Lumber Address GB Telephone 920-621-8382

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 Carey Applicant (print) Todd Carey  
State DC # 03040022 State DCQ # 01160016 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. 25-67  
Parcel No. 024-02311.001  
Permit Fee 86-  
Check No. 8848  
Date 10-21-2025

Owner/Contractor Marty Pullin  
Project Type 2-Story Garage Phone Number 608-213-8167  
Project Address N 2062 Shore Dr Peshtigo  
Comments 2-Story / 100 amp Email \_\_\_\_\_

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) <u>2-Story Detached</u>		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Demo
<b>CLASS OF SERVICE</b>			
<input checked="" type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>100 Amp</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:

Run wire from box in house to 100 Amp service  
in garage. Receptacles/outlets/lights

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

Kevin Ellman 12609541  
Licensed Master Electrician (Print) License No.

Kevin Ellman  
Signature of Applicant

Ellman Electric  
Electrical Contractor

6823 Cty J Oconto WI 54153  
Contractor Mailing Address

Oconto WI 54153  
City State ZIP

4150.00  
Estimated Cost

9-24-25  
Date

920-680-3934  
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. 25-68  
Parcel No. 024-01840.002  
Permit Fee 50 -  
Check No. 4475  
Date: 10-27-2025

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

Owner/Contractor <u>SCOTT LUCE</u>	
Project Type <u>PRIVACY FENCE</u>	Phone Number _____
Project Address <u>W613 WIEGERS RD MARINETTE WI 54143</u>	
Comments <u>60 FT LONG 6 FT HIGH CEDAR BOARD FENCE TO BE PUT BETWEEN NEIGHBORS TO THE SOUTH, AND MY PROPERTY</u>	
Email <u>SCOTT LUCE 1661@GMAIL.COM</u>	
<b>Application Type</b>	<b>Type of Building</b>
<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>2350.00</u>	

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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) Scott Luce Applicant (print) SCOTT LUCE

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**

✓ # 4475



# 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. 25-69

Parcel No. 024-02125.000

Permit Fee \$150

Check No. 1022

Date: 10/27/25

Owner/Contractor Charles Lewis  
Project Type 20' Container Phone Number 715-203-6547  
Project Address 113805 River Side Dr  
Comments \_\_\_\_\_ Email calewis7307@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>20' Container</u>	<input type="checkbox"/> Commercial
<input type="checkbox"/> Deck		<input checked="" type="checkbox"/> Other <u>20' Container</u>
Estimated \$ <u>2000</u>		

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension <u>8 x 20</u>	Front <u>50'</u>	<input type="checkbox"/> Corner
Basement Area _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	Side Yard _____	Type _____
No. Stories _____	Rear Yard <u>50'</u>	Size _____
Height _____		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 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 \_\_\_\_\_ 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) Charles A. Lewis

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. 25-70

Parcel No. 024-01522.005

Permit Fee \$75

Check No. 105

Date: 10/20/2025

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

Owner/Contractor Zachary Wallin  
Project Type Fire Number Phone Number 715-938-4821  
Project Address Parcel ID 024-01522.005  
Comments \_\_\_\_\_ Email Zacharywallin@Gmail.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 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> 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) Zachary Wallin Applicant (print) Zachary Wallin

State DC # \_\_\_\_\_ State DCQ # \_\_\_\_\_ Approved by Bryan Lawriter

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

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

*See att. site Plan - Please assign W1773 CTH B*

# ELECTRICAL PERMIT

## ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-71

Parcel No. 024-00153.004

Permit Fee 175-

Check No. 1588

Date 10-31-2025

Owner/Contractor Jasper Blokzy/ Bearded Builders & Remodelers

Project Type Camper pedestal/ garage build Phone Number (920) 445-3455

Project Address TBD parcel # 024-00153.006 W1558 Hale Rd

Comments Fire number needed Email Beardedbuilderswi@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 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>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</u>		<input type="checkbox"/> Four Wire

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

Garage to be erected about 180' from road center, about center of property. Camper pedestal to be installed

And used until garage can be built

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

**Thomas Ryskoski #1318710**

Licensed Master Electrician (Print) License No.

  
Signature of Applicant

**TEC Electrical**

Electrical Contractor

**230 Shady Lawn Ct**

Contractor Mailing Address

**Sobieski**

City

**WI**

State

ZIP

\$1000 for pedestal

Estimated Cost

**06/13/2025**

Date

**920-371-9095**

Contractor Telephone Number



Electrical Inspector

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

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

SITE INFO	
<b>SUBDIVISION</b>	
LOT NO.: 698J1	
BLOCK NO.:	
ZONING DISTRICT:	
SETBACKS:	
FRONT: 75	
REAR: 117	
LEFT: 110	
RIGHT: 60	

<b>PARCEL NO.</b> 24-710.1
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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	B&G Contracting	031800140 - DC	
Dwelling Contractor Qualifier	HARLEY D GRANUS	041800023 - DCQ	
HVAC Qualifier	MENZA & ZAK HEATING COOLING AND SHEETMETAL	1185815 - HVACCONT	
Electrical Contractor	MERTENS ELECTRIC	1315660 - EC	
Master Electrician	NICHOLAS K GAJESKI	1075274 - ME	
Master Plumber	JUSTIN MICHAEL TUMA	1119394 - PM	

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.:

## BUILDING PERMIT

#: 25-72

578667

#024-00710.001

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

### Project:

Issued To	<b>OWNER (AGENT):</b> Harley Granus <b>PHONE:</b> (715) 587-3364 <b>BUILDING SITE ADDRESS:</b> W1902 Hwy 64 <b>CITY, VILLAGE, TOWN:</b> Town of PESHTIGO
-----------	---

Issued By	<b>PERSON ISSUING:</b> Bryan Lauritzen <b>CERT. NO:</b> 121900098 - UDC <b>DATE ISSUED:</b> 2025-10-31 <b>PHONE:</b> (920) 373-7598
-----------	--

### Comments:

Please Supply Tall Wall Bracing and Framing Detail Before Start of Framing

**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

oCheck Inspections, LLC

13587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-73

Parcel No. 024-02182.000

Permit Fee 374-

Check No. 21856

Date: 10-31-2025

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

Owner/Contractor Paase Boushori

Project Type Shop Storage, Shop Phone Number 920-366-7283

Project Address N. 304th Riverbend Dr. Peshtigo

Comments \_\_\_\_\_

Email \_\_\_\_\_

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 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>Shop Storage, Garage</u>	
Estimated \$ <u>285,000.00</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>52' x 72'</u>	1 <sup>st</sup> Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area <u>N/A</u>	2 <sup>nd</sup> floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 <sup>rd</sup> floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height <u>18' walls</u>	Total Area <u>3594 sq ft</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 <u>Steel, Stone</u>	<input type="checkbox"/> Frost Wall	<input type="checkbox"/> Steel <input type="checkbox"/> Wood
	<u>L.P. Smart Siding</u>	<input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Posts No. _____

Contractor Shawn Hoffman Address 1730 Pinecrest Rd Telephone 920-621-8843

Email Schoffs@gmail.com Green Bay WI 54313

Architect/Designer Same as above Address \_\_\_\_\_ Telephone \_\_\_\_\_

The undersigned on behalf of each and every owner 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 Assistant, as a condition of receiving this permit.

Applicant (signature) [Signature] Applicant (print) Shawn Hoffman

State DC # 15960 State DC # 1133 Approved by Roger Kautzman

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. 25-74

Parcel No. 024-02182 000

Permit Fee 255-

Check No. 21856

Date 10-4-2025

10-31-2025

Owner/Contractor Perse Borshon

Project Type Garage, Shop, Storage

Phone Number 920-366-7283

Project Address N. 3046 Everbush Dr. Peshigo

Comments

Email

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

New Construction, Lights, Outlets.

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

Nickle Electric 11-1923  
Licensed Master Electrician (Print) License No.

\$ 21,000  
Estimated Cost

Shawn Hoffman  
Signature of Applicant

10-4-2025  
Date

Pick Nickel Electric  
Electrical Contractor

920-621-1485  
Contractor Telephone Number

1479 Gruber Rd.  
Contractor Mailing Address

Bryan Lauritzen  
Electrical Inspector

Concord Bay WI 54213  
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



Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73		<b>Wisconsin Uniform Building Permit Application</b> <small>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))]</small>			Application No. <div style="font-size: 1.5em; font-weight: bold;">PE 25-01</div>																																															
					Parcel No.																																															
<b>PERMIT REQUESTED</b>		<input checked="" type="checkbox"/> Constr. <input checked="" type="checkbox"/> HVAC <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:																																																		
Owner's Name <b>Stacie Zdroid</b>		Mailing Address <b>3663 S Timber Trail Suamico, WI 54173</b>			Tel. <b>920-371-6050</b>																																															
Contractor Name & Type Dwelling Contractor (Constr.) <b>All American Dream Homes</b>		Lic/Cert# <b>110300077</b>	Exp Date <b>07/09/2026</b>	Mailing Address <b>PO Box 141 Peshtigo, WI 54157</b>	Telephone & Email <b>715-582-4421</b>																																															
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CPO, or employee of the Dwelling Contr.) <b>John VanBeek DEC</b>		110700344	11/2/2027	PO Box 141 Peshtigo, WI 54157	715-582-4421																																															
HVAC <b>GPS Heating and Cooling</b>		1006559	12/1/2026	2600 Cleveland Ave Marinette, WI 54143	715-732-2111																																															
Electrical Contractor <b>Nicolet Mertens Electrical</b>		1315660	6/30/2026	N9295 Cemetery Rd Crivitz, WI 54114	715-927-6377																																															
Electrical Master Electrician <b>Nicholas K. Rohloff</b>		1075274	6/30/2026	W7795 Trellis Rd Crivitz, WI 54144	715-927-6377																																															
Plumbing <b>Stumbris and Sons Plumbing</b>		230317	3/31/2027	416 Main St Wausaukee, WI 51177	715-856-5056																																															
<b>PROJECT LOCATION</b>		Lot area _____ Sq. ft.	<input type="checkbox"/> One acre or more of soil will be disturbed		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____																																															
Building Address <b>N2585 Roosevelt Rd Marinette, WI 54143</b>		County <b>Marinette</b>		Subdivision Name <b>Rustic Pines Estates</b>	Lot No. <b>8</b>	Block No.																																														
Zoning District(s)		Zoning Permit No.		Setbacks:	Front 598 ft.	Rear 62 ft.																																														
				Left 39 ft.	Right 17 ft.																																															
<b>1. PROJECT</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other: <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move		<b>3. OCCUPANCY</b> <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		<b>6. ELECTRIC</b> Entrance Panel Amps: 200 <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Overhead		<b>9. HVAC EQUIP.</b> <input type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:																																														
<b>2. AREA INVOLVED (sq ft)</b>		<b>4. CONST. TYPE</b> <input checked="" type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		<b>7. WALLS</b> <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:		<b>12. ENERGY SOURCE</b>																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Unit 1</th> <th>Unit 2</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Unfin. Bsmt</td> <td>1623</td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td>1623</td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td>614</td> <td></td> <td></td> </tr> <tr> <td>Deck/Porch</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Totals</b></td> <td><b>3860</b></td> <td></td> <td></td> </tr> </tbody> </table>			Unit 1	Unit 2	Total	Unfin. Bsmt	1623			Living Area	1623			Garage	614			Deck/Porch				<b>Totals</b>	<b>3860</b>			<b>5. STORIES</b> <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Basement		<b>8. USE</b> <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other:		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fuel</th> <th>Nat Gas</th> <th>LP</th> <th>Oil</th> <th>Elec</th> <th>Solid</th> <th>Solar Geo</th> </tr> </thead> <tbody> <tr> <td>Space Htg</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	Space Htg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
		<b>10. SEWER</b> <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Sanitary Permit# 3307545		<b>11. WATER</b> <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> On-Site Well		<b>13. HEAT LOSS</b> 304 BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)																																														
						<b>14. EST. BUILDING COST w/e LAND</b> <div style="font-size: 1.2em; font-weight: bold;">\$525,000.00</div>																																														
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.																																																				
<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 second page of this form.																																																				
<b>APPLICANT (Print):</b> KRISTINE CHRISTIANSEN <b>Sign:</b> <i>KR</i> <b>DATE:</b> 10/29/2025																																																				
<b>APPROVAL CONDITIONS</b> 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.																																																				
<b>ISSUING JURISDICTION</b>		<input checked="" type="checkbox"/> Town of <b>Peshtigo</b> <input checked="" type="checkbox"/> County of <b>Marinette</b> <input type="checkbox"/> State <b>WI</b>		State-Contracted Inspection Agency#:		Municipality Number of Dwelling Location <b>38-024</b>																																														
<b>FEES:</b>		<b>PERMIT(S) ISSUED</b>		<b>WIS PERMIT SEAL #</b>		<b>PERMIT ISSUED BY:</b>																																														
Plan Review \$ 350- Inspection \$ 243- Wis. Permit Seal \$ 50- Other E \$ 75- Z \$ 50- Total PR \$ 100-		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		<div style="font-size: 1.5em; font-weight: bold;">578178</div>		Name <b>JANE MEISSNER</b> Date <b>11/13/25</b> Tel <b>715-245-4708</b> Cert No. <b>Nature's Edge Inspections.com</b> Email:																																														

☒ Ply 1 - Issuing Jurisdiction;  
 ☐ Ply 2 - Issuer forwards to state w/in 30 days;  
 ☐ Ply 3 - Inspector;  
 ☐ Ply 4 - Applicant

1018.00



Dept of Safety & Professional Services  
Industry Services Division  
Wisconsin State 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. 19.04 (1)(m))

Application No.  
**PESH 25-02**  
Parcel No.

## PERMIT REQUESTED

☒ Corer. ☒ HVAC ☒ Electric ☒ Plumbing ☐ Erosion Control ☐ Other:

Owner's Name

Steve Patrade

Mailing Address

22140 Kane Ridge Rd Wausau, WI 54980

Email

slpatrade@comcast.com

Tel.

706-272-9264

Contractor Name & Type

Dwelling Contractor (Corer.)

Lic/Corer Exp Date

06/30/2014

Mailing Address

N7884 83 Lane Tisalle WI 54980

Tel. & Email

906-498-8742

Dwelling Contractor Qualifier

Justin Swiricki

06/30/2014

The Dwelling Contr. Qualifier shall be an owner,  
(T.O.) (T.O.) or employee of the Dwelling Contr.

justin@swiricki.com

HVAC

Justin Swiricki

06/30/2014

706-863-2237

Electrical Contractor

Michael Exler

10/7/39

715-927-5612

Electrical Master Electrician

MT Electric

11/07/95

mt@electricville.com

Plumbing

Brian Plumbing

839448

715-938-5483

brian@brianplumbing.com

## PROJECT LOCATION

97284 sq ft

☐ One acre or more of  
soil will be disturbed

☒ Town ☐ Village  
☐ City of Peshigo

Subdivision Name

Rolling Hills Estates

Lot No.

Block No.

Building Address

11351 Rolling Hills Lane Marinette, WI

Zoning District

Peshigo

Zoning Permit No.

Setbacks:

Front

120 ft.

Rear

31 ft.

Left

170 ft.

Right

77 ft.

## 1. PROJECT

☒ New

☐ Alteration

☐ Addition

☐ Repair

☐ Raze

☐ Move

☐ Other

## 2. AREA INVOLVED (sq ft)

Unit 1

Unit 2

Total

Unfin Basement

1784

Living Area

1784

Garage

1535

Deck/Porch

676

Totals

5803

deck

heat calcs: 71863

## 3. OCCUPANCY

☒ Single Family

☐ Two Family

☒ Garage

☒ Other

4. USE

☐ Seasonal

☒ Permanent

☐ Other

## 5. CONSTRUCTION TYPE

☒ Site Built

☐ Mfg. Per WI UDC

☐ Mfg. Per US HUD

## 6. STORIES

☒ 1-Story

☐ 2-Story

☐ Other:

☒ Plus Basement

## 7. EST. BUILDING COST w/o LAND

\$500,000

## 8. WALLS

☒ Wood Frame

☐ Steel

☐ ICF

☐ Timber/Pole

☐ Other

## 9. ELECTRIC

Panel Amps: 200

☒ Underground

☐ Overhead

## 10. SEWER

☐ Municipal

☒ Sanitary Permit # 530779

## 11. WATER

☐ Municipal

☒ On-Site Well

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.

APPLICANT (Print): Steve Patrade

Sign: Steve Patrade

DATE 11/2/25

## 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. ☐ See attached for conditions of approval

## ISSUING JURISDICTION

☒ Town of Peshigo

☒ County of Wash

☐ Village of

☒ State

☐ City of

☐ State

State-Contracted  
Inspection Agency:

Municipality Number of Dwelling Location

38.024

## FEE:

on Review

Inspection

is Permit Seal

her

for

1228.00

## PERMIT(S) ISSUED

☐ Construction

☐ HVAC

☐ Electrical

☐ Plumbing

☐ Erosion Control

## WIS PERMIT SEAL #

519450

## PERMIT ISSUED BY:

Name

Jane Meissner

ID-10-25

Date

715-251708

Cell No.

Neubuildinginspector@gmail.com

Email



**TOWN OF PESHTIGO**  
**FIRE NUMBER APPLICATION**

Fire Number Application # 25-03

Date Received 11-14-25

By

Meisner

Please complete all areas of application that are applicable

Tax Parcel Number 024-01431.001 (can obtain from tax bill)

Legal Description: Sec. 25 T. 30 N.R. 23 E.

Property Owner Name Robert Sexmith Email djdubs@ymail.com

Phone # 920-265-4999

Road Name Krause Road

Owner's Permanent Mailing Address N2193 Krause Rd Marinette, WI  
54143

**\$75.00 -- Fire Number Fee**

Make check payable to Nature's Edge and submit payment with application.

W11954 Kitty Dell Circle, Crivitz, WI 54114 715-245-1708

Signature of Applicant Tim Wirhanowicz Date 11/11/25

Contractor: Tim Wirhanowicz

Approved [Signature] Date 11-15-25

Fire Number Assigned N2183 Krause Road

Notes: drive is directly across from N2184

**TOWN OF PESHTIGO  
DRIVEWAY/CULVERT PERMIT**

Driveway Permit Application # 25-04

Date Received 11-13-25

By [Signature]

Please complete all areas of application that are applicable

Tax Parcel Number 024 - 00849 .024

Legal Description: Sec. 6 T. 30 N. R. 23 E.

Submit a sketch with the proposed drive-way clearly marked. Place stakes at proposed location.

Property Owner Name ETHEL NAVUT / MARSSA NAVUT Email ENRUL729@GMAIL.COM

Address of Property W 3270 Lauren Lake Phone 715-938-5605

Owners Permanent Mailing

Address 129 N Woods Ave Peshtigo, WI 54157

Driveways with inadequate access may hinder emergency vehicle response

I understand and agree EN (please initial)

**\$75.00 -- Driveway Permit Fee**

Make check payable to Nature's Edge and submit payment with application.

**W11954 Kitty Dell Circle, Crivitz, WI 54114    715-245-1708**

Signature of Applicant [Signature] Date 11-11-25

Culvert size required No culvert needed per (Grimmer) 1:42 pm text msg.

Approved [Signature] Date 11-17-25

Notes Sent to Iowa 11/17/25 (Grimmer)  
Pd ck # 1753 for fee # 1 Driveway  
(150.00)



**TOWN OF PESHTIGO**  
**FIRE NUMBER APPLICATION**

Fire Number Application # 25-05

Date Received 11-13-25

By [Signature]

Please complete all areas of application that are applicable

Tax Parcel Number 024 - 00849.024 (can obtain from tax bill)

Legal Description: Sec. 6 T. 30 N. R. 23 E.

Property Owner Name ETHAN NAULT Email ENault728@gmail.com

Phone # 715-938-5005 MARIESSA NAULT

Road Name LAUREN LANE

Owner's Permanent Mailing Address

129 N Woods Ave Peshigo, WI 54157

**\$75.00 -- Fire Number Fee**

Make check payable to Nature's Edge and submit payment with application.

W11954 Kitty Dell Circle, Crivitz, WI 54114 715-245-1708

Signature of Applicant [Signature] Date 11-11-25

Approved [Signature] Date 11-17-25

Fire Number Assigned W 3270 Lauren Lane

Notes: pd ck# 1753 for fire # 1/4 Driveway  
(150.00)

**TOWN OF PESHTIGO**  
**FIRE NUMBER APPLICATION**

Fire Number Application # 25-06

Date Received 11/18/25

By J. Messner

Please complete all areas of application that are applicable

Tax Parcel Number 24-1820 (can obtain from tax bill)

Legal Description: Sec. \_\_\_\_\_ T. \_\_\_\_\_ N. R. \_\_\_\_\_ E.

Property Owner Name Holy Family Parish Email holyfamily@holyfamparish.com

Phone # 715-735-9100

Road Name County B

Owner's Permanent Mailing Address

2715 Taylor St. Marinette, WI 54143

**\$75.00 -- Fire Number Fee**

**Make check payable to Nature's Edge and submit payment with application.**

**W11954 Kitty Dell Circle, Crivitz, WI 54114    715-245-1708**

Signature of Applicant [Signature] Date 11/10/2025

Approved [Signature] Date 11/18/25

Fire Number Assigned W859 Cnty Hwy B

Notes: Pd #20153 75.00 \* Please Place Sign next  
to Utility Box if poss  
SEE MAP