

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
25-07	Sexmith, Robert	N2183 Krause Rd	Dwelling, Porch
25-08	VanLaanen, Jody	Schacht Rd	Driveway/Culvert
25-09	Delany, C.	N1898 Shore Dr	Generator, transfer switch

25-10	Bora, Peter	W2011 Old Peshtigo Rd	Fire Number
25-11	Ruggles, Clint	N3576 Right of Way	Basement repair

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"/> 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>Sign</u> Estimated \$ <u>500</u>	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Other _____ <input type="checkbox"/> Garage – Attached <input type="checkbox"/> Garage – Separate

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

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

Contractor 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 (lot 1)
 Permit Fee 75-
 Check No. 1189
 Date: 1-4-2025

Owner/Contractor Beyer & Sons builders LLC
 Project Type Fire Number Phone Number 715 938 0298
 Project Address W1441 Rolling Hill Lane
 Comments _____ Email bryanpolzik19@hotmail.com

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

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

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

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

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Applicant (signature) [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

W 1300

S88°39'42"W 1351.52'
1043.34'

W1500
at Keller Road.

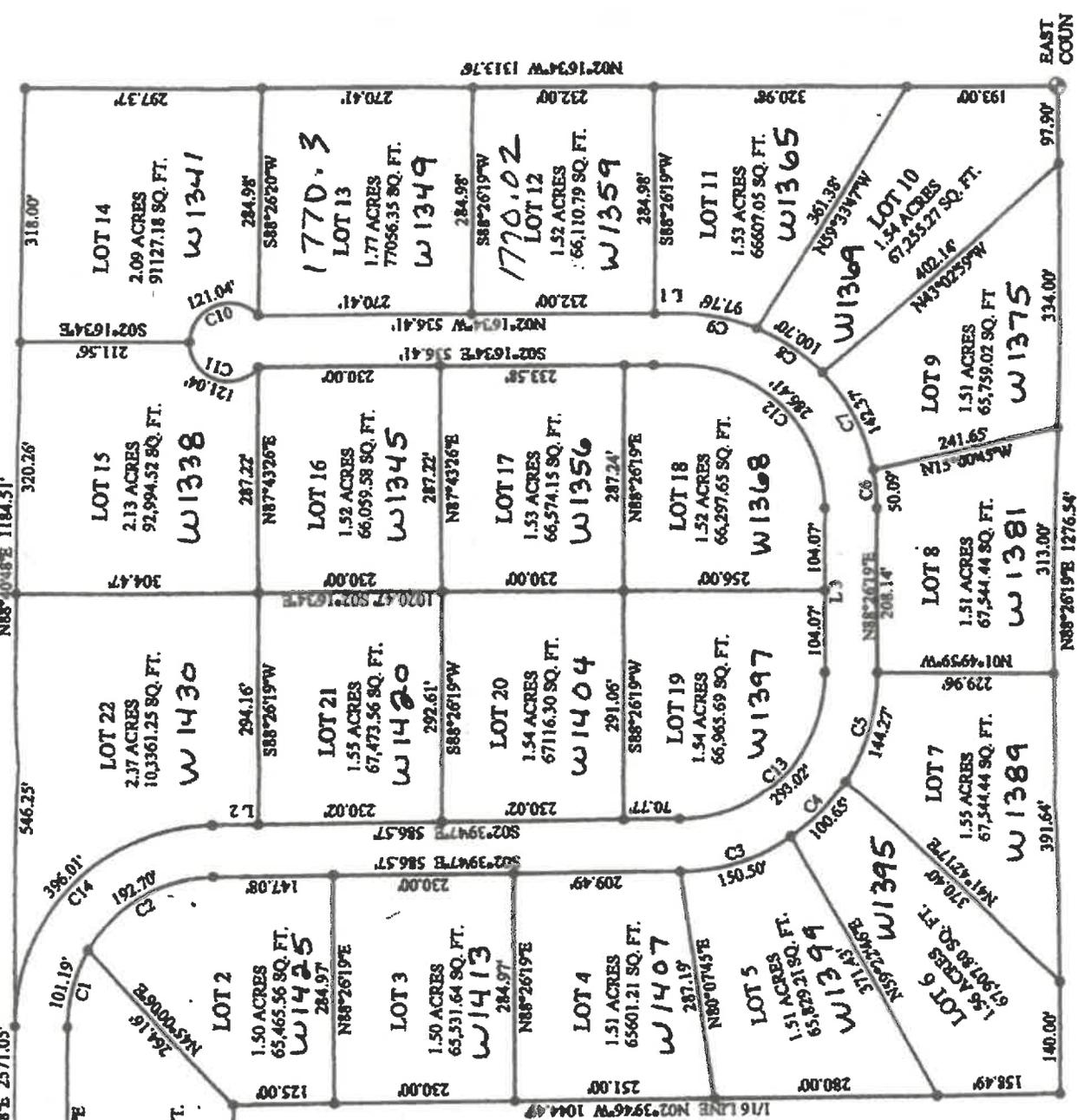
COUNTY SURVEYOR
RECEIVED

JAN 29 2001

MARINETTE COUNTY

BY 

↑
Please assign
W1441
BL



Arc	Bearing	Distance	Chord Bearing	Chord	Tangent
101.19	N02°16'14"W	34.00'	S 76°03'23" E	100.00	51.83
192.70	N02°39'47"W	55.75'	S 31°43'42" E	184.54	105.56
150.50	N88°26'19"E	208.14'	S 19°34'54" E	148.22	77.51
100.65	N29°12'23"E	189.93'	S 47°48'44" E	100.00	50.99
144.27			S 75°20'33" E	142.35	74.13
50.09			N 82°37'38" E	50.00	25.13
142.37			N 60°17'48" E	140.40	73.22
100.70			N 32°05'39" E	100.00	51.06
97.76			N 9°04'03" E	97.12	49.53
121.04			N 22°55'34" W	93.38	132.67
121.04			S 18°22'26" W	93.38	132.67
286.41			S 43°04'53" W	237.42	183.17
293.02			N 47°06'44" W	264.50	185.26
396.01			N 46°59'29" W	337.67	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

Permit No. 29-03
 Parcel No. 24-1770.8
 Permit Fee 75-
 Check No. 1190
 Date: 1-4-2025

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

Owner/Contractor Brick & Soas Builders LLC
 Project Type Fire Number Phone Number 715-938-0298
 Project Address W1407 Rolling Hill Lane
 Comments _____ Email bryanpolzic19@hotmail.com

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

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

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

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

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

Applicant (signature) [Signature] Applicant (print) Bryan Polzic
 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

W 1300

S88°39'42"W 1351.52'
1063.34'

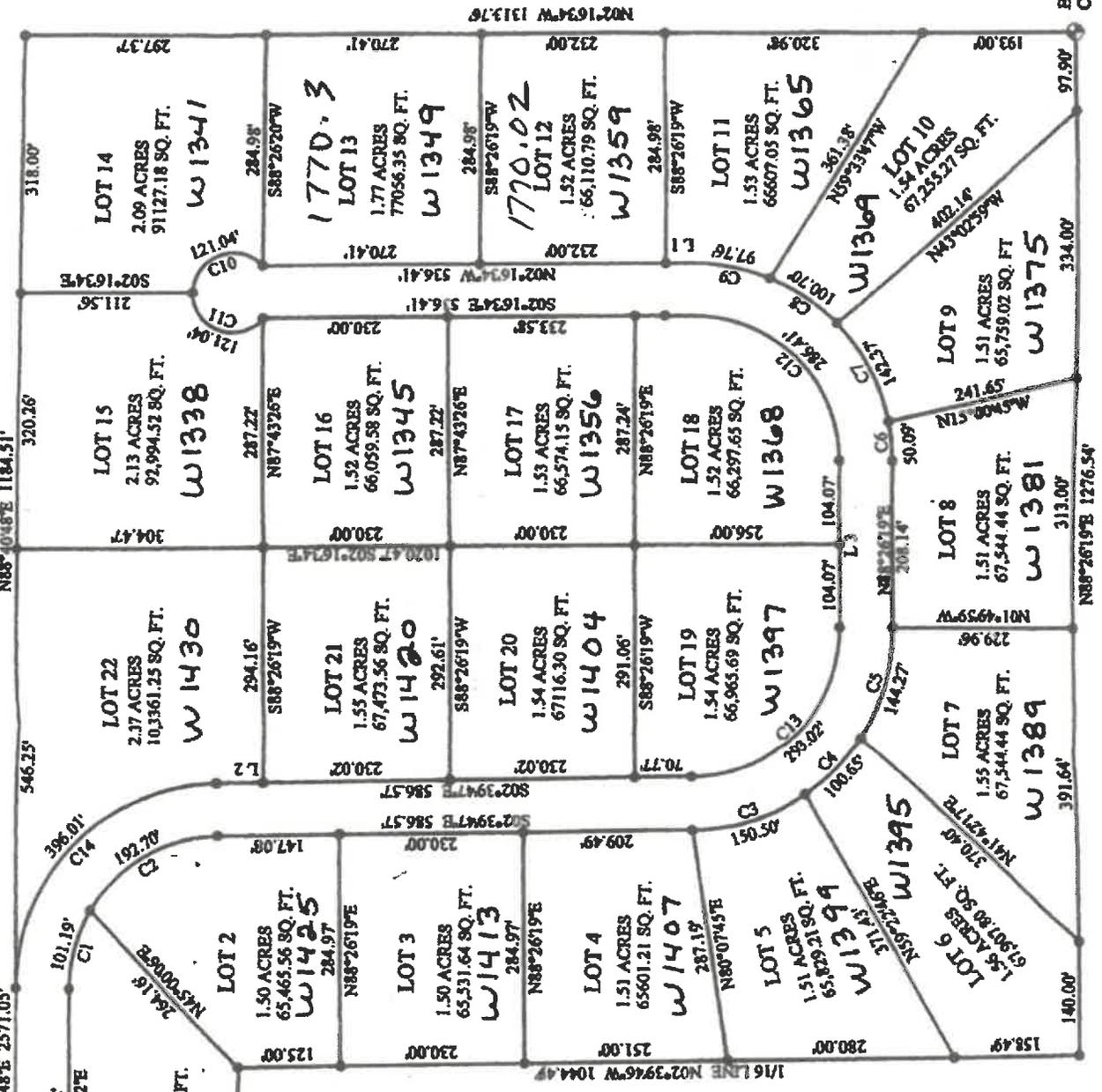
W1500
at Keller Road.

COUNTY SURVEYOR
RECEIVED

JAN 29 2001

MARINETTE COUNTY

BY



Line
1
2
3
4

Bearing
N02°16'34"W
N02°39'47"W
N88°26'19"W
N29°12'23"E

Distance
34.00'
55.75'
208.14'
189.93'

←
Please
Assign
W1407

Arc	Tangent	Chord	Chord Bearing
101.19	51.83	100.00	S 76°03'23" E
192.70	105.56	184.54	S 31°43'42" E
150.50	77.51	148.32	S 19°34'54" E
100.65	50.99	100.00	S 47°48'44" E
144.27	74.13	142.35	S 75°20'33" E
50.09	25.13	50.00	N 82°37'38" E
142.37	73.22	140.40	N 60°17'48" E
100.70	51.06	100.00	N 32°05'39" E
97.76	49.53	97.12	N 9°04'03" E
121.04	132.67	93.38	N 22°55'34" W
286.41	121.04	93.38	S 18°12'26" W
293.02	183.17	257.42	S 43°04'53" W
396.01	185.26	264.50	N 47°06'44" W
	250.00	357.67	N 46°59'29" W

CERTIFICATE

ON THE BASIS OF MY KNOWLEDGE, INFORMATION AND BELIEF, I CERTIFY TO VERNON DUMKE 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

Permit No. 29-04
 Parcel No. 024-00023.00
 Permit Fee 75-
 Check No. 2280
 Date: 1-13-2025

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

Owner/Contractor Dan Garter
 Project Type Fire Number Phone Number 920-903-2005
 Project Address Hale School Rd. Town of Peshtigo
 Comments _____ Email ginger@new.r.r.com

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

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

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

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

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

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

Make payment payable to municipality & send to inspector with application.
APPLICANT SHALL SCHEDULE THE INSPECTION WHERE/WHEN REQUIRED 920-373-7598

* Please assign W3426 Hale School Rd *
 BL



Please assign W3486 Hale School Road

BUILDING PERMIT

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

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

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

Owner/Contractor jed buechler
 Project Type lot parcel number 0240131.002 Phone Number 7153308544
 Project Address _____
 Comments need fire number Email topfirefighter268@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
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Basement Area _____ 2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
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No. Stories _____ Volume _____	Rear Yard _____	Size _____
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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 _____

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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

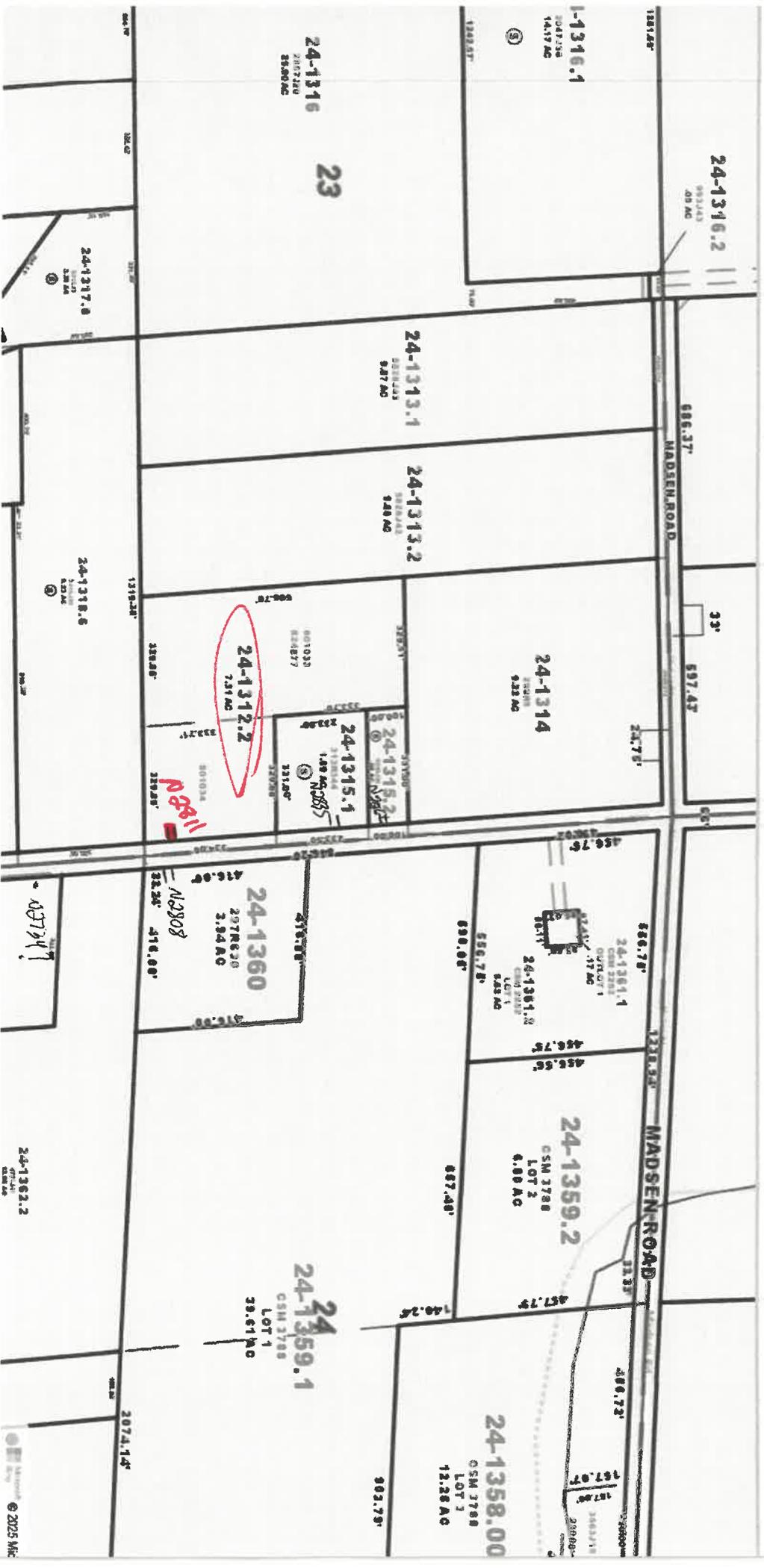


Smart Reporting

Mailing Address

Abbreviated Legal Description

No data available in table



3.04, Y: 135053.19

* Please assign N 2811 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

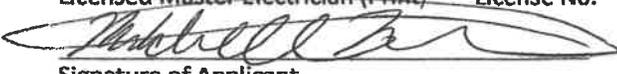
Comments _____ Email MMARQUAROT@MESLLCTRC.COM

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"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input checked="" type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input 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.

<p><u>MITCHELL A. MARQUAROT #1246091</u> Licensed Master Electrician (Print) License No.</p> <p> Signature of Applicant</p> <p><u>MARQUAROT ELECTRIC</u> Electrical Contractor</p> <p><u>P.O. BOX 71</u> Contractor Mailing Address</p> <p><u>PESHTIGO WI 54157</u> City State ZIP</p>	<p><u>\$11,000</u> Estimated Cost</p> <p><u>10 FEB 25</u> Date</p> <p><u>(920) 599-0959</u> Contractor Telephone Number</p> <p><u>Bryan Lauritzen</u> Electrical Inspector</p>
--	--

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 Holmanen 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
Contractor: 920-227-8277
 Project Address W1390 Old Peshtigo Rd Peshtigo, WI 54143
 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 st Floor <u>n/a</u>	Front <u>n/a</u>	<input type="checkbox"/> Corner
Basement Area <u>n/a</u>	2 nd floor <u>n/a</u>	Main Bldg <u>n/a</u>	<input type="checkbox"/> Interior
Garage Area <u>n/a</u>	3 rd 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
Green Bay, WI 54304
 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

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 st Floor <u>384 Sq Ft</u>	Front <u>118'</u>	<input type="checkbox"/> Corner
Basement Area <u>NA</u> 2 nd floor <u>NA</u>	Main Bldg <u>8'</u>	<input checked="" type="checkbox"/> Interior
Garage Area <u>16' x 24'</u> 3 rd 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	<input type="checkbox"/> 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 Nada 26 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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

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

Contractor 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 checked="" 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 checked="" type="checkbox"/> <small>NO NEW WORK</small> Existing	<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

Ryan 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 N8026 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.

\$6625
Estimated Cost

Tim Soper
Signature of Applicant

Date

KS Plumbing
Plumbing Contractor

920-598-0021
Contractor Telephone Number

6081 Klaus Lake Rd
Contractor Mailing Address

Bryan Laurita
Plumbing Inspector

Gillett WI 54124
City State ZIP

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

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

Permit No. 25-13

Parcel No. 024-01758.000

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"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Generator</u>	<input type="checkbox"/> Other _____	

CLASS OF SERVICE				
<input type="checkbox"/> New	Meters Required _____	<input type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire	
<input 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 Maternostki 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 & 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>
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 _____ Estimated \$ <u>600K</u>	<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

Building Size Information	Set Backs Accessory Building	Lot Information	
O.A. Dimension _____ 1 st Floor <u>2018</u> Basement Area <u>Crawl Space</u> 2 nd floor _____ Garage Area <u>1513</u> 3 rd floor _____ No. Stories <u>1</u> Volume _____ Height <u>25'</u> Total Area <u>3531</u>	Front <u>N/A</u> Main Bldg _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Corner <input checked="" type="checkbox"/> Interior Type <u>Residential</u> Size <u>2.14 Acres</u> Area _____	
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input checked="" type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts <input type="checkbox"/> Wood 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

Permit No. 25-15
 Parcel No. 024-01148.010
 Permit Fee 169-
 Check No. 340
 Date: 4-4-2025

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

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 N3110 DEER HAVEN CT PESHIGO, 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 st Floor <input checked="" type="checkbox"/>	Front _____	<input type="checkbox"/> Corner
Basement Area _____ 2 nd floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____ 3 rd floor _____	Side Yard _____	Type <u>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>1349 SF</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 PESHIGO, 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

SITE INFO

SUBDIVISION
 LOT NO.: 1
 BLOCK NO.:
 ZONING DISTRICT:

SETBACKS:
 FRONT: 130
 REAR: 170
 LEFT: 20
 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

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

567941

BUILDING PERMIT

#: 25-16

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

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

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

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

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

<p><u>Justin Tuma</u> <u>1119394</u> Licensed Master Plumber (Print) License No.</p> <p><u>Justin Tuma</u> Signature of Applicant</p> <p><u>Tuma's Plumbing</u> Plumbing Contractor</p> <p><u>P.O. Box 204</u> Contractor Mailing Address</p> <p><u>Menominee</u> <u>MI</u> <u>49858</u> City State ZIP</p>	<p><u>10,000</u> Estimated Cost</p> <p><u>3-10-25</u> Date</p> <p><u>906-290-0824</u> Contractor Telephone Number</p> <p><u>Bryan Lauritzen</u> Plumbing Inspector</p>
--	--

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

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

45+100
 \$145

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. 024-01568.000
 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>2000⁰⁰</u>			

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

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

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

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

Contractor 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

 800-514-1119 ELEVATE97.COM	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	<input type="checkbox"/> CONCEPTUAL <input checked="" type="checkbox"/> FINAL	WWW.ELEVATE97.COM ALL CONCEPTS ARE PROPERTY OF ELEVATE97 © 2023 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.
	FIELD SURVEY / MEASUREMENTS REQUIRED <input type="checkbox"/> ELECTRONIC FILE OF LOGO REQUIRED <input type="checkbox"/> COLORS TO BE DETERMINED	CLIENT APPROVAL -	DATE -	

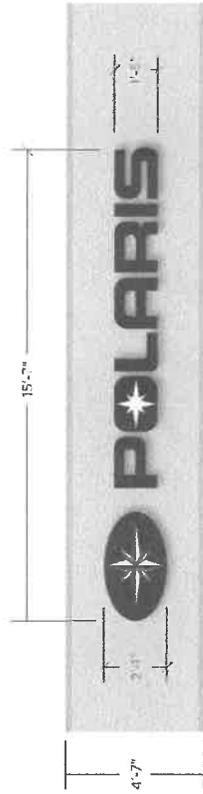


Night View

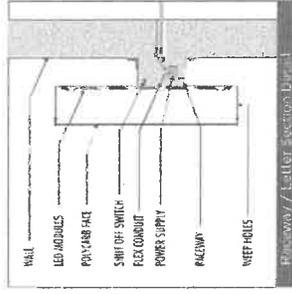
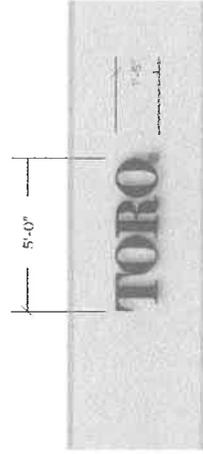


Remove All Existing Logo Signs (Qty:3)

Proposed Channel Letters



POLARIS and TORO Signs Supplied By Others - E97 Install Only.



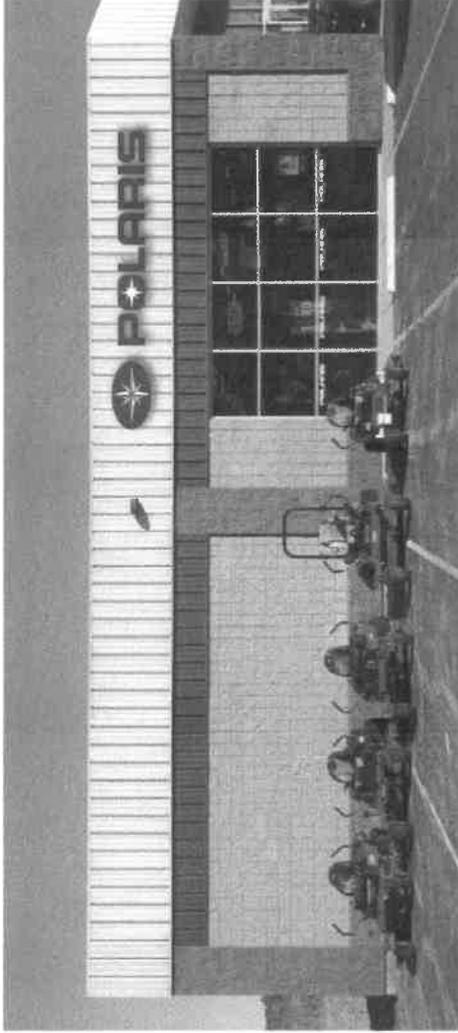
Raceway Painted to Match Building - MP02972

SPECIFICATIONS

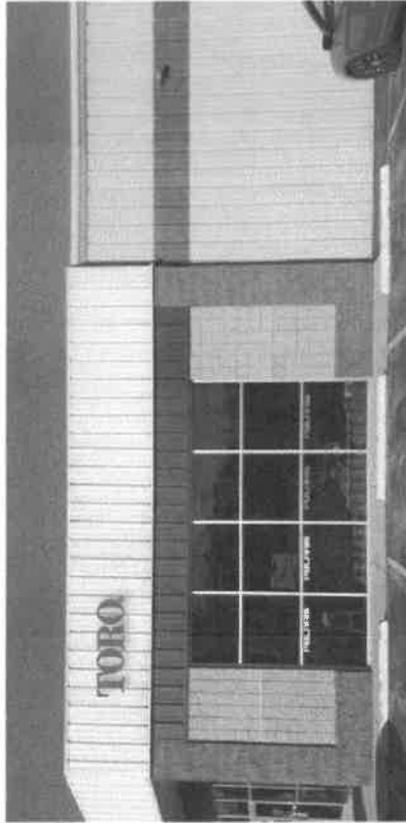
FACE-LIT CHANNEL LETTERS

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



Install Placement of POLARIS and TORO Signs to be Coordinated with Customer on Site



 <p>800-574-3119 ELEVATE97.COM</p>	<p>CLIENT: Koehne Powersports ADDRESS: 1740 US-41 Marinette, WI DATE: September 5, 2024 SCALE: 1/4" = 1'-0" AE: Scott Bertrand DESIGNER: RE</p>	<p>DESIGN #: 13269 JOB # - REVISION #: 10 REVISED DATE: 3/13/25</p>	<p><input type="checkbox"/> CONCEPTUAL <input checked="" type="checkbox"/> FINAL</p> <p><input checked="" type="checkbox"/> FIELD SURVEY / MEASUREMENTS REQUIRED <input type="checkbox"/> ELECTRONIC FILE OF LOGO REQUIRED <input type="checkbox"/> RACEWAY COLOR MATCH REQUIRED</p>	<p>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 -</p>
<p>PAGE - 3</p>				

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"/> 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.

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

10,000
Estimated Cost

[Signature]
Signature of Applicant

Date

Drees Electric Inc
Electrical Contractor

715-923-4332
Contractor Telephone Number

1625 Marinette Ave
Contractor Mailing Address

Bryan Lauritzen
Electrical Inspector

Marinette WI 54143
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. 25-21
 Parcel No. 024-01625.003
 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 Peshtigo WI 54157</u>	
Comments <u>24x36' Shed</u>	Email _____

Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel – Interior <input type="checkbox"/> Remodel – Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>SHED</u> (24' x 36')	<input type="checkbox"/> Garage – Attached <input type="checkbox"/> Garage – Separate
Estimated \$ _____	

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

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

Contractor _____ 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"/> 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>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
126330 Ludrus 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. Peshigo 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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area <u>1252</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. Boyer
Project Type Add on Phone Number 715 330 2979
Project Address N 3050 Schacht RD Peshigo WI 54157
Comments _____ Email Joshua.Boyer22@gmail.com

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

CLASS OF SERVICE			
<input checked="" type="checkbox"/> New	Meters Required _____	<input 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. _____ Estimated Cost 450 -
Joshua Boyer _____ Date 4-2-25
Signature of Applicant

Electrical Contractor _____ Contractor Telephone Number _____
Contractor Mailing Address _____ Boyer Lawton
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

25-25

SITE INFO

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

SETBACKS:
 FRONT: 144
 REAR: 100
 LEFT: 100

RIGHT: 100

PARCEL NO.
 024-00023

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	CLEARY BUILDING CORP	059501355 - DC	
Dwelling Contractor	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	

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

#: 25-25

Affix uniform permit seal here (when applicable)
 Seal No.: 567944

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

Project:

Issued To
 OWNER (AGENT): Dan Ganter
 PHONE: (920) 903-2005
 BUILDING SITE ADDRESS: W3426 Hale School Rd
 CITY, VILLAGE, TOWN: Town of PESHTIGO

Issued By
 PERSON ISSUING: Bryan Lauritzen
 CERT. NO: 121900098 - UDC
 DATE ISSUED: 2025-05-16
 PHONE: (920) 373-7598

Comments:

024-00023

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

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 PESHICO, 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 type="checkbox"/> Basement	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input checked="" type="checkbox"/> Other (specify) <u>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.

\$2,000⁰⁰
 Estimated Cost

[Signature]
 Signature of Applicant

4-21-25
 Date

1120020
 Electrical Contractor

715-889-3766
 Contractor Telephone Number

1883 US HWY 2
 Contractor Mailing Address

Bryan Lauritzen
 Electrical Inspector

FLORENCE WI 5421
 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. 25-27
 Parcel No. Lot 22
 Permit Fee 75-
 Check No. 1169
 Date: 5-27-2025

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

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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____ 2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____ 3 rd floor _____	Side Yard _____	Type _____
No. Stories _____ Volume _____	Rear Yard _____	Size _____
Height _____ Total Area _____		Area _____

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

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

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

Applicant (signature) 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. 24-2492.2
 Permit Fee 175-
 Check No. 82228
 Date: 6-12-2025

Owner/Contractor <u>MJB Industries Inc.</u>		Phone Number <u>715-735-9771</u>	
Project Type <u>Addition</u>		Project Address <u>N3900 Hwy 180 Marinette, WI 54143</u>	
Comments _____		Email <u>brian.gabriel@mjbinc.com</u>	
Application Type		Type of Building	
<input type="checkbox"/> New Building <input checked="" 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 type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Other _____	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>120,000</u>			

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension _____ Basement Area _____ Garage Area _____ No. Stories _____ Height _____ 1 st Floor _____ 2 nd floor _____ 3 rd floor _____ Volume _____ Total Area <u>1493 SF</u>	Front _____ Main Bldg _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard <u>67'4"</u> Side Yard _____ Rear Yard _____	<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish <u>Vynal siding</u>	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input checked="" type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts <input type="checkbox"/> Wood No. _____

Contractor MJB Ind. Inc Address W1923 Flame Rd Marinette Telephone 715-735-9771
 Email brian.gabriel@mjbinc.com
 Architect/Designer River View Arch. LLC Address W2832 Ivy Lane Port Huron 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) Bryan Lauritzen 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

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

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

Owner/Contractor Tom Westlund
 Project Type Driveway Phone Number 715-923-5986
 Project Address N2716 Stanley Lane, Marinette, WI. 54143
 Comments Driveway off RaderRd Email twestlund@new.rr.com

Application Type		Type of Building	
<input type="checkbox"/> New Building	<input type="checkbox"/> Moving	<input type="checkbox"/> One Family	<input type="checkbox"/> Garage – Attached
<input type="checkbox"/> Addition	<input type="checkbox"/> Siding	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage – Separate
<input type="checkbox"/> Remodel – Interior	<input type="checkbox"/> Fence	<input type="checkbox"/> Multi-Family	
<input type="checkbox"/> Remodel – Exterior	Other <u>Driveway Blacktop with culvert</u>	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>\$35,000</u>			

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

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input 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) *Tom Westlund* 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

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

SETBACKS:
 FRONT: 243
 REAR: 990
 LEFT: 153

RIGHT: 168

PARCEL NO.
 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:

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

Issued By	PERSON ISSUING: Bryan Lauritzen CERT. NO: 121900098 - UDC DATE ISSUED: 2025-10-30 PHONE: (920) 373-7598
------------------	--

Comments:

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

BUILDING PERMIT

Permit No. 25-31
 Parcel No. 024-02146.000
 Permit Fee \$100.00
 Check No. 2209
 Date: 6-9-25

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

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

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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area <u>NA</u> 2 nd floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____ 3 rd 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 3294 Card Rd 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, including 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

Permit No. 2532

Parcel No. 024-01772.060

Permit Fee \$150⁰⁰

Check No. 3420

Date: 25 June 2025

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

Owner/Contractor Ken Pickel
 Project Type Shed/Carport Phone Number 715 938-8834
 Project Address N2078 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>8500⁰⁰</u>			

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension <u>31 X 24</u> 1 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____ 2 nd floor _____	Main Bldg _____	<input checked="" type="checkbox"/> Interior
Garage Area _____ 3 rd floor _____	Side Yard _____	Type <u>Ag1</u>
No. Stories <u>1</u> Volume _____	Rear Yard _____	Size <u>2.06 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) [Signature] 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 Pudgy Soderberg Electric
Project Type Service Phone Number _____
Project Address W625 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.

Pudgy Soderberg
Signature of Applicant
Pudgy Soderberg Electric
Electrical Contractor

P.O. Box 135
Contractor Mailing Address
Marquette 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

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

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

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 _____

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 _____	<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"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>8,000</u>	

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension _____ 1 st Floor _____ Basement Area _____ 2 nd floor _____ Garage Area <u>28x28</u> 3 rd floor _____ No. Stories _____ Volume _____ Height _____ Total Area _____	Front _____ Main Bldg _____ Side Yard <u>East Side of house</u> Rear Yard _____	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts <input type="checkbox"/> Wood 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

Permit No. 25-35
 Parcel No. 024-02475.000
 Permit Fee 250-
 Check No. 1021
 Date: 9-19-24

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

Owner/Contractor MATTHEW G. SIEGWARD
 Project Type REMODEL Phone Number 906-250-2944
 Project Address N3275 RW PESHTI60, WI 54157
 Comments INSTALL NEW TRUSSES 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 checked="" type="checkbox"/> Remodel - Exterior	Other _____	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input type="checkbox"/> Other _____	
Estimated \$ <u>26 K</u>			

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension <u>38x36</u>	Front _____	<input type="checkbox"/> Corner
Basement Area _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	Side Yard _____	Type _____
No. Stories <u>ONE</u>	Rear Yard _____	Size _____
Height <u>8'</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 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 <input type="checkbox"/> No.

Contractor Crossen's Homes Address W3390 ROBERT RIDGE RD Telephone 906-250-2944
PESHTI60, WI 54157
 Email msiegward24@gmail.com
 Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) [Signature] Applicant (print) MATTHEW G. SIEGWARD
 State DC # 042300523 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

Permit No. 25-36
 Parcel No. 024-01561.001
 Permit Fee 175-
 Check No. 7389
 Date 7-30-2025

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

Owner/Contractor Gabe Hintz
 Project Type generator/t.s install Phone Number 920-604-2478
 Project Address W28Le2 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 Lawitzer
 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 Integrity Decking Company- Mae Worley
 Project Type Deck Build Phone Number 920-961-2409
 Project Address W1112 Rader Rd Marinette WI 54143
 Comments _____ Email mae.worley@integritydecking.com

Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel – Interior <input type="checkbox"/> Remodel – Exterior <input checked="" type="checkbox"/> Deck <input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____ Estimated \$ _____	<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>Deck</u> <input type="checkbox"/> Garage – Attached <input type="checkbox"/> Garage – Separate

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension <u>162</u> 1 st Floor _____ Basement Area _____ 2 nd floor _____ Garage Area _____ 3 rd floor _____ No. Stories _____ Volume _____ Height <u>22</u> Total Area _____	Front <u>101.4'</u> Main Bldg _____ Side Yard <u>92.7'</u> Rear Yard <u>939.6</u>	<input type="checkbox"/> Corner <input type="checkbox"/> Interior Type _____ Size _____ Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Wood <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 Lawler

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 Joel Ortman
 Project Type Garage/Shop Phone Number 920-598-0415
 Project Address W2195 Ryge Rd Marinette WI 54143
 Comments _____ Email joelortman@gmail.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>70,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>32' x 72'</u>	1 st Floor <u>—</u>	Front <u>42'</u>	<input type="checkbox"/> Corner
Basement Area <u>—</u>	2 nd floor <u>—</u>	Main Bldg <u>—</u>	<input checked="" type="checkbox"/> Interior
Garage Area <u>32' x 72'</u>	3 rd floor <u>—</u>	Side Yard <u>15' see plan</u>	Type <u>AZ</u>
No. Stories <u>1</u>	Volume _____	Rear Yard <u>15'</u>	Size <u>2.25 Ac.</u>
Height <u>16' / 24' 2" Appx.</u>	Total Area <u>2304</u>		Area _____

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

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

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

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

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

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

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 Octman

Project Type Garage/Shed Phone Number 920598-0415

Project Address W2195 Raggio Rd Marinette WI 54143

Comments _____ Email joeloctman@gmail.com

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

[Signature]
Signature of Applicant

3500
Estimated Cost

4/10/2025
Date

Electrical Contractor

Contractor Telephone Number

Contractor Mailing Address

Bryan Lauritzen
Electrical Inspector

City _____ State _____ ZIP _____

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

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

BUILDING PERMIT

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

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

Permit No. 25-40
 Parcel No. 024-01865.065
 Permit Fee 245-
 Check No. 1034
 Date: 8-18-2025

Owner/Contractor The Hardy Husband LLC
 Project Type Basement F.H.S.H. Phone Number 920-661-7065
 Project Address N2775 Stanley Ln
 Comments DISCUSS Tapping into the Hvac Email TheHardyHusbandLLC21@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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input checked="" type="checkbox"/> Frame	<input 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 Hardy Husband LLC Address 200 Smith St Telephone 920-661-7065
 Email TheHardyHusbandLLC21@gmail.com OC into 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 Dylan 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 2775 Stanley Ln Marinette
 Comments _____ Email The Handy Husband LLC@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 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.

<u>Dawson Farmer</u>	1217-ME	\$1500	
Licensed Master Electrician (Print)	License No.	Estimated Cost	
<u>[Signature]</u>		8-5-25	
Signature of Applicant		Date	
<u>Tri Phase Electrical</u>		920-609-8855	
Electrical Contractor		Contractor Telephone Number	
<u>642 Madison Street</u>		<u>Bryan Lauritzen</u>	
Contractor Mailing Address		Electrical Inspector	
<u>Oconto</u>	<u>WI</u>	<u>54153</u>	
City	State	ZIP	

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

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

BUILDING PERMIT

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

Permit No. 05-42
 Parcel No. 024-01084.002
 Permit Fee 125-
 Check No. 22359
 Date: 8/8/2025

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

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 Sign _____	<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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____ 2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____ 3 rd floor _____	Side Yard _____	Type _____
No. Stories _____ Volume _____	Rear Yard _____	Size _____
Height _____ Total Area _____		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input 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 inspections, 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 Byron 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

Permit No. 25-43
 Parcel No. 024-01344.002
 Permit Fee 295-
 Check No. 1164
 Date: Aug 20 2025

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

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 <u>\$40,000</u>	<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 <u>\$5,000</u>	<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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____	2 nd floor _____	Main Bldg <u>20'</u>	<input type="checkbox"/> Interior
Garage Area <u>2600 sq ft</u>	3 rd 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 54157
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"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Service</u>	<input type="checkbox"/> Other _____	
CLASS OF SERVICE <u>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] _____
Signature of Applicant Date Aug 13, 2025

Electrical Contractor Contractor Telephone Number 920-599-0959

PO Box 71 _____
Contractor Mailing Address Electrical Inspector Bryan Lauritzen

Peshtigo 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

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 Fine # for parcel Email Johnnaservice1ststaff.com

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

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

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>94ft.</u> Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish <u>Tin</u>	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input checked="" type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts <input type="checkbox"/> Wood No. <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

Permit No. 25-46
 Parcel No. 024-00075
 Permit Fee 185-
 Check No. 120
 Date: 9-8-2025

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

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 st Floor _____	Front <u>Shed front of property</u>	<input type="checkbox"/> Corner
Basement Area _____ 2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____ 3 rd 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>Gravel</u>

Contractor Retzy's 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. D24-01852.000
 Permit Fee 150-
 Check No. 1089
 Date: 9-12-2025

Owner/Contractor Barbara Ermis
 Project Type New Storage Unit Phone Number 715-923-4014
 Project Address W 877 madson 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"/> 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 type="checkbox"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate
Estimated \$ <u>8500.00</u>	

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

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish <u>Prebuilt Steel</u>	<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 <u>Ground</u>	<input type="checkbox"/> Concrete <u>ground</u> <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts <input type="checkbox"/> Wood No. _____

Contractor 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 inspections, including inspections by the Building Inspector and Assessor, as a condition of receiving this permit.

Applicant (signature) Barbara Ermis Applicant (print) Barbara Ermis

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"/> 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 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"/> Garage – Attached <input checked="" type="checkbox"/> Garage – Separate
Estimated \$ <u>4,200.00</u>	

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

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input checked="" 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 checked="" type="checkbox"/> Steel <input type="checkbox"/> Posts <input type="checkbox"/> Wood 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

Permit No. 25-49

Parcel No. 024-02441.000

Permit Fee 443-

Check No. 15530

Date: 9-14-2005

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

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 Accessory Building	Lot Information
O.A. Dimension <u>26'x28'</u>	1 st Floor <u>728</u>	Front _____	<input type="checkbox"/> Corner <input checked="" type="checkbox"/> Interior Type _____ Size _____ Area <u>.48 AC</u>
Basement Area <u>NA</u>	2 nd floor _____	Main Bldg _____	
Garage Area <u>NA</u>	3 rd floor _____	Side Yard _____	
No. Stories <u>1</u>	Volume _____	Rear Yard _____	
Height <u>18</u>	Total Area <u>728 SF</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		APPLICATION TYPE
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> New Building
<input type="checkbox"/> Two Family	<input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Remodeling
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____

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

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

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 CANALLANE 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"/> New	
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input checked="" type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required _____	<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 J. 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

[Signature]
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

Permit No. 25-53
 Parcel No. 24-1864.4
 Permit Fee 75
 Check No. 82488
 Date: 9-19-2025

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

Owner/Contractor <u>MSB Industries Inc.</u>	
Project Type <u>New driveway</u>	Phone Number <u>715-735-9771 Cell 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>	
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>Driveway</u>	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>2,500</u>	

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

Contractor 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. 024-01148.010
 Permit Fee 60.00
 Check No. 1332
 Date 9-15-25

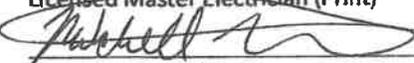
Owner/Contractor TONY GRIFFIN / MARQUARDT ELECTRIC
 Project Type OUTBUILDING FEED Phone Number (920) 599-0959
 Project Address N3110 DEER HAVEN CT. PESHIGO, WI
 Comments _____ Email _____

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 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>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.

<u>MITCH MARQUARDT</u>	<u>1246091-ME</u>	<u>1500</u>
Licensed Master Electrician (Print)	License No.	Estimated Cost
		<u>12 SEP 25</u>
Signature of Applicant		Date
<u>MARQUARDT ELECTRIC</u>		<u>(920) 599-0959</u>
Electrical Contractor		Contractor Telephone Number
<u>PO BOX 71 PESHIGO</u>		<u>Bryan Lauritzen</u>
Contractor Mailing Address		Electrical Inspector
<u>PESHIGO WI 54157</u>		
City	State	ZIP

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

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

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 Matthew Lovett
 Project Type Driveway Phone Number (715) 587-7103
 Project Address N/A -> Hale Road Peshtigo WI 54157
 Comment Culvert / Fire number Email Matthew.lovett22@gmail.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 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</u>	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Deck		<input checked="" type="checkbox"/> Other <u>Driveway</u>	
Estimated \$ <u>2000.00</u>			

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

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	<input type="checkbox"/> Frame	<input type="checkbox"/> Full Bsmt	<input type="checkbox"/> Concrete
Side Yard <u>96ft</u>	<input type="checkbox"/> Masonry	<input type="checkbox"/> Partial Bsmt	<input type="checkbox"/> Block
Side Yard <u>86ft</u>	<input type="checkbox"/> Steel	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Pier Supports-Per Engineering
Rear Yard <u>100ft</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 Self Address 351 West Front St Peshtigo WI 54157 Telephone (715) 587-7103
 Email Matthew.lovett22@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) Matthew Lovett Applicant (print) Matthew Lovett
 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. 25-57
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 W2570 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.

<u>Chris Herbst</u> Licensed Master Electrician (Print)	<u>1070626</u> License No.	<u>2000.00</u> Estimated Cost	<u>9/29/25</u> Date
<u>[Signature]</u> Signature of Applicant		<u>920-209-0131</u> Contractor Telephone Number	<u>Bryan Lauritzen</u> Electrical Inspector
<u>Abcon Electric</u> Electrical Contractor			
<u>701 Sanitorium Rd</u> Contractor Mailing Address			
<u>Kaukauna, WI</u> City	<u>54130</u> 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. 25-58

Parcel No. 024-153.6

Permit Fee 75-

Check No. 127

Date: 9-29-25

Owner/Contractor <u>Jasper & 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>

Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel – Interior <input type="checkbox"/> Remodel – Exterior <input type="checkbox"/> Deck <input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>fire number</u>	<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"/> Garage – Attached <input type="checkbox"/> Garage – Separate
Estimated \$ _____	

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

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____ Side Yard _____ Side Yard _____ Rear Yard _____	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel Exterior Finish _____	<input type="checkbox"/> Full Bsmt <input type="checkbox"/> Partial Bsmt <input type="checkbox"/> Crawl Space <input type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Wood <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)  Applicant (print) Jasper Blokzyl

State DC # _____ State DCQ # _____ Approved by 

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

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

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

BUILDING PERMIT

Permit No. 25-31 25-59
 Parcel No. 024-02376.000
 Permit Fee 100.00
 Check No. 1081
 Date: 10/2/25

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

Owner/Contractor Chris Uecke
 Project Type Demo Phone Number (715) 587-1110
 Project Address N2122 Shore Drive
 Comments _____ Email cuecke3@new.rr.com

Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck <input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other <u>RAZZ</u> Estimated \$ <u>100.</u>	<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"/> Garage - Attached <input type="checkbox"/> Garage - Separate

Building Size Information	Set Backs Accessory Building	Lot Information
O.A. Dimension <u>30' x 36'</u> 1 st Floor <u>X</u> Basement Area <u>30' x 36'</u> 2 nd floor _____ Garage Area <u>25' x 25'</u> 3 rd floor _____ No. Stories <u>None</u> Volume _____ Height <u>8' walls</u> 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 <input type="checkbox"/> Wood No. _____

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 Uecke Applicant (print) Chris Uecke
 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

0727

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"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input checked="" type="checkbox"/> Other (specify) <u>Generator</u>	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input 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	
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:

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

Issued By	<u>PERSON ISSUING:</u> Bryan Lauritzen <u>CERT. NO:</u> 121900098 - UDC <u>DATE ISSUED:</u> 2025-10-09 <u>PHONE:</u> (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	APPLICATION TYPE
<input checked="" type="checkbox"/> One Family	<input type="checkbox"/> New Building
<input type="checkbox"/> Two Family	<input checked="" type="checkbox"/> Remodeling
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Commercial	
<input type="checkbox"/> Other (specify) _____	

WATER CLOSETS	CLOTHES WASHERS <input checked="" type="checkbox"/>
WASH BASINS <input checked="" type="checkbox"/>	LAUNDRY TRAYS
BATH TUBS	WATER HEATERS <input checked="" type="checkbox"/>
SHOWER STALLS <input checked="" type="checkbox"/>	FLOOR DRAINS
SINKS	SUMP PUMPS
DISPOSALS	WHIRLPOOL TUBS
DISHWASHERS	URINALS
GREASE INTERCEPTORS	BAR SINKS
DRAIN TILE RECEIVERS	GARAGE DRAINS
SITE DRAINS	OTHER

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

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

TOTAL B.T.U.

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

Air Conditioning Electrician: _____

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

Dan Hengel
Name of License Holder (Print)
[Signature]
Signature of Applicant
Johnston Furnace
HVAC Contractor
W2108 WI-64
Contractor Mailing Address
Marinette WI 54143
City State ZIP

\$10,000
Estimated Cost

State HVAC Certification No.

Daytime Telephone Number
Bryan Lawriter
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

Permit No. 25-64

Parcel No. Lot 8 TBD

Permit Fee \$75.00

Check No. 82365

Date: 10/03/2025

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

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>
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 Estimated \$ _____	<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input type="checkbox"/> Fence Other _____ <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"/> Garage - Attached <input type="checkbox"/> Garage - Separate

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

Contractor All American Dream Homes Address 591 Maple Maple Street Peshigo, 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) Krissy 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. 25-65
Parcel No. 024-00471.001
Permit Fee 175-
Check No. 8226
Date 10-17-2025

Owner/Contractor GEORGE EASTMAN
Project Type POWER TO GARAGE Phone Number 715-938-5171
Project Address 11419 SHORE DRIVE MARINETTE
Comments _____ 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 type="checkbox"/> Basement	<input checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input checked="" type="checkbox"/> Other (specify) <u>EXISTING GARAGE</u>		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE			
<input type="checkbox"/> New	Meters Required <u>7</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 METER PEDESTAL.

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

POOJ SUDERBERG
Licensed Master Electrician (Print) License No. _____
George East
Signature of Applicant

\$1000.00
Estimated Cost
10-10-2025
Date

Electrical Contractor
PO BOX 135 MARINETTE WI
Contractor Mailing Address
MARINETTE WI 54143
City State ZIP

715-923-4168
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

Permit No. 25-66
 Parcel No. 024-02311.001
 Permit Fee 150-
 Check No. 8848
 Date: 10-21-25

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

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"/> 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 _____ Estimated \$ <u>110,000</u>	<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"/> Garage - Attached <input checked="" type="checkbox"/> Garage - Separate

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

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>10'</u> Side Yard <u>100'</u> Side Yard <u>54'</u> Rear Yard <u>100'</u>	<input checked="" 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 checked="" type="checkbox"/> Frost Wall <input type="checkbox"/> Concrete Slab	<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Pier Supports-Per Engineering <input type="checkbox"/> Steel <input type="checkbox"/> Posts <input type="checkbox"/> Wood 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 # 030400272 State DCQ # 01110016 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 / Carpet 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"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) <u>2-Story Detached</u>		<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 <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 1260954
 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 W613@GMAIL.COM</u>	
Application Type	Type of Building
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel - Interior <input type="checkbox"/> Remodel - Exterior <input type="checkbox"/> Deck	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____
<input type="checkbox"/> Moving <input type="checkbox"/> Siding <input checked="" type="checkbox"/> Fence Other _____	<input type="checkbox"/> Garage - Attached <input type="checkbox"/> Garage - Separate
Estimated \$ <u>2350⁰⁰</u>	

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

Contractor _____ 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 N 3805 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"/> 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>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> 1 st Floor _____	Front <u>50'</u>	<input type="checkbox"/> Corner
Basement Area _____ 2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____ 3 rd floor _____	Side Yard _____	Type _____
No. Stories _____ Volume _____	Rear Yard <u>50'</u>	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 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) [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

Permit No. 25-70
 Parcel No. 024-01522.005
 Permit Fee \$75
 Check No. 105
 Date: 10/20/2025

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

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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area _____ 2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____ 3 rd floor _____	Side Yard _____	Type _____
No. Stories _____ Volume _____	Rear Yard _____	Size _____
Height _____ Total Area _____		Area _____

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

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

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

Applicant (signature) Zachary Wallin Applicant (print) Zachary Wallin
 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
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 Blokzyl 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 checked="" type="checkbox"/> New
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Remodel	<input type="checkbox"/> Demo
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other _____	

CLASS OF SERVICE

<input checked="" type="checkbox"/> New	Meters Required <u>1</u>	<input checked="" type="checkbox"/> Single Phase	<input type="checkbox"/> Two Wire
<input type="checkbox"/> Service Change	Amp <u>200</u>	<input type="checkbox"/> Three Phase	<input 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 **WI**
City 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

SUBDIVISION

LOT NO.: 698J1

BLOCK NO.:

ZONING DISTRICT:

SETBACKS:

FRONT: 75

REAR: 117

LEFT: 110

RIGHT: 60

PARCEL NO.

24-710.1

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 GRANIUS	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	OWNER (AGENT): Harley Granius PHONE: (715) 587-3364 BUILDING SITE ADDRESS: W1902 Hwy 64 CITY, VILLAGE, TOWN: Town of PESHTIGO
------------------	--

Issued By	PERSON ISSUING: Bryan Lauritzen CERT. NO: 121900098 - UDC DATE ISSUED: 2025-10-31 PHONE: (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

ProCheck 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 Paige Boushon
 Project Type Job build 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 st Floor _____	Front _____	<input type="checkbox"/> Corner
Basement Area <u>N/A</u> 2 nd floor _____	Main Bldg _____	<input type="checkbox"/> Interior
Garage Area _____ 3 rd floor _____	Side Yard _____	Type _____
No. Stories _____ Volume _____	Rear Yard _____	Size _____
Height <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 Scholl's@gmail.com Green Bay, WI 54313
 Architect/Designer Same as above Address _____ Telephone _____

The undersigned on behalf of itself and as 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) Shawn Hoffman
 State DC# 15960 State DC# 1133 Approved by [Signature]

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 Russel Boushoni
Project Type Garage, Shop, Storage Phone Number 920-366-7283
Project Address N. 3046 Riverbend Dr. Preshige
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 checked="" type="checkbox"/> New	<input type="checkbox"/> Demo
<input type="checkbox"/> Commercial / Industrial		<input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> Other _____
<input type="checkbox"/> Other (specify) <u>Shop, Garage</u>					

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 MI-1923
Licensed Master Electrician (Print) License No.
[Signature] Sharon Hoffman
Signature of Applicant
Pick Nickel Electric
Electrical Contractor
1479 Greiner Rd.
Contractor Mailing Address
Concord Bay WI 54213
City State ZIP

\$ 21,000
Estimated Cost
10-4-2025
Date
920-621-1485
Contractor Telephone Number
Bryan Lauritzen
Electrical Inspector

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

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

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73		Wisconsin Uniform Building Permit Application			Application No. PE 25-01	
		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)))			Parcel No.	
PERMIT REQUESTED <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 Stacie Zdroik		Mailing Address 3663 S Timber Trail Suamico, WI 54173			Tel. 920-371-6050	
Contractor Name & Type		Lic/Cert#	Exp Date	Mailing Address	Telephone & Email	
Dwelling Contractor (Constr.) All American Dream Homes		110300077	07/09/2026	PO Box 141 Peshtigo, WI 54157	715-582-4421	
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, (FD-20) or employee of the Dwelling Contr.) John VanBeek DEU		110700344	11/2/2027	PO Box 141 Peshtigo, WI 54157	715-582-4421	
HVAC GPS Heating and Cooling		1006559	12/1/2026	2600 Cleveland Ave Marinette, WI 54143	715-732-2111	
Electrical Contractor Nicolet Mertens Electrical		1315660	6/30/2026	N9295 Cemetary Rd Crivitz, WI 54114	715-927-6377	
Electrical Master Electrician Nicholas K B. Rohloff		1075274	6/30/2026	W7795 Trellis Rd Crivitz, WI 54144	715-927-6377	
Plumbing Stumbris and Sons Plumbin		230317	3/31/2027	416 Main St Wausaukee, WI 51177	715-856-5056	
PROJECT LOCATION		Lot area _____ Sq. ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of _____	_____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W	
Building Address N2585 Roosevelt Rd Marinette, WI 54143		County Marinette		Subdivision Name Rustic Pines Estates	Lot No. 8	Block No.
Zoning District(s)		Zoning Permit No.	Setbacks:	Front 598 ft.	Rear 62 ft.	Left 39 ft. Right 17 ft.
1. PROJECT		3. OCCUPANCY		6. ELECTRIC		9. HVAC EQUIP.
<input checked="" type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		Entrance Panel Amps: 200 <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input checked="" type="checkbox"/> Furnace <input type="checkbox"/> Radiant Basebd <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input checked="" type="checkbox"/> Central AC <input type="checkbox"/> Fireplace <input type="checkbox"/> Other:
2. AREA INVOLVED (sq ft)		4. CONST. TYPE		7. WALLS		12. ENERGY SOURCE
Unfin. Barn	Unit 1: 1623	<input checked="" type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD		<input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:		Fuel Nat Gas LP Oil Elec Solid Solar Geo
Living Area	Unit 2: 1623	5. STORIES		8. USE		Space Htg Water Htg
Garage	Unit 3: 614	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Basement		<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other:		
Deck/Porch				10. SEWER		
Totals	3860			<input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# 5307545		13. HEAT LOSS
				11. WATER		304 BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)
				<input type="checkbox"/> Municipal <input checked="" type="checkbox"/> On-Site Well		14 EST. BUILDING COST w/e LAND
						\$525,000.00
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. <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.						
APPLICANT (Print): KRISTINE CRIPPIANUS		Sign: KR		DATE: 10/29/2025		
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.						
ISSUING JURISDICTION		<input checked="" type="checkbox"/> Town of Peshtigo <input checked="" type="checkbox"/> County of Marinette		State-Contracted Inspection Agency#:		Municipality Number of Dwelling Location 38-024
<input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____		<input type="checkbox"/> State WI				
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL #		PERMIT ISSUED BY:
Plan Review	\$ 350-	<input type="checkbox"/> Construction		578178		Name JANE MEISSNER
Inspection	\$ 243-	<input type="checkbox"/> HVAC				Date 11/13/25
Wis. Permit Seal	\$ 50-	<input type="checkbox"/> Electrical				Tel 715-245-4708
Other	E \$ 75-	<input type="checkbox"/> Plumbing				Cert No. Naturewadgeinspections.com
	Z \$ 50-	<input type="checkbox"/> Erosion Control				Email: _____
Total	PR \$ 100-					

Gar 150 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 Stats. 101.63, 101.73

Wisconsin Uniform Building
Permit Application

Instructions on back of second ply. The information you provide may be used by other government agency programs (Privacy Law, s. 19.04 (1)(m))

Application No.
PESH 25-02
Parcel No.

PERMIT REQUESTED		<input checked="" type="checkbox"/> Const. <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 Steve Patrade	Mailing Address 22140 Koss Bridge Rd Wausau, WI	Email stevap@serpuk.com	Tel. 706-272-9264
Contractor Name & Type	License Exp Date	Mailing Address	Tel. & Email
Dwelling Contractor (Const.) Justin Swiricki	063100104	N7804 03 Lane Tappan WI 49888	906-498-8742 justin@swiricki.com
Dwelling Const. Qualifier Justin Swiricki	06310001	The Dwelling Const. Qualifier shall be an owner, (TWO) (OR) an employee of the Dwelling Const.	
HVAC Zeralek Ex Home	1097391		706-863-2237 zeralek@exhome.com
Electrical Contractor M.T. Electric	1180795		715-927-5612 mtelek@verizon.com
Electrical Master Electrician			
Plumbing Brian Plumbing	839448		715-938-5483 brianplumbing@yahoo.com

PROJECT LOCATION One acre or more of soil will be disturbed Town Village City of **Peshigo** 1/4, 1/4, of Section T N, R E/W

Building Address **11151 Rolling Hills Lane Marinette WI** County **Marinette** Subdivision Name **Rolling Hills Estates** Lot No. Block No.

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)

Unfin Basement	1786	Unit 1	Unit 2	Total
Living Area	1786	heat calcs: 71863		
Garage	1535			
Deck/Porch	676			
Totals	5803	deck		

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 1/21/25

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** State-Contracted Inspection Agency: Municipality Number of Dwelling Location **38.024**

EES: on Review pection is Permit Seal ber al	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
	<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	519450	Name Jane Meissner Date 1-10-25 City No. 715-2181708 Email Nebuildinginspector@gmail.com

1228.00

TOWN OF PESHTIGO
FIRE NUMBER APPLICATION

Fire Number Application # 25-03

Date Received 11-14-25

By [Signature]

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 [Signature] 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 ETUAN NAVUT / MARISSA NAVUT Email ENAVUT729@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 ENault729@gmail.com

Phone # 715-938-5005 MARSSA 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 ch# 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 [Signature]

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

SITE INFO

SUBDIVISION _____
 LOT NO. _____ BLOCK NO. _____
 ZONING DISTRICT _____
 _____ 1/4, _____ 1/4 S, _____ T, _____ N, R _____ E or W
 PARCEL NO. **024-01431.000**
 SETBACKS: FRONT **195** ft REAR **1065** ft
 LEFT **85** ft RIGHT **65** ft

INSPECTIONS

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

CONTRACTORS

NAME	CREDENTIAL #	PHONE
DUBS		
DONS		
GRAESE		
DAMA		
MSTR ELECT		

Work shall not proceed until the required business days have elapsed since the day of inspection request. This permit will expire 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 # **RE 25-07**



Constr HVAC Elect Plumb Erosion

Project:

Dwelling Porch

Issued To

OWNER (AGENT) **Sexmith, R.** PHONE _____
 BUILDING SITE ADDRESS **N 2183 Krause Rd**
 CITY, VILLAGE, TOWN **Peshigo**

Issued by

PERSON ISSUING **JANE MEISSNER** CERT. NO. _____
#945930
 DATE ISSUED **11-19-25** TELEPHONE **715-245-1708**
 Nature's Edge Inc. www.naturesedgeinc.com

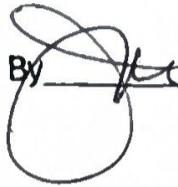
Comments:

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

TOWN OF PESHTIGO
DRIVEWAY/CULVERT PERMIT

Driveway Permit Application # 25-08

Date Received 11-23-25

By 

Please complete all areas of application that are applicable

Tax Parcel Number 024-00797.006

Legal Description: Sec. 05 T. 30 N. R. 23 E.

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

Property Owner Name Jody VanLaanen Phone # 920-737-1069

Address of Property Schacht Rd

Permanent Mailing Address N4332 Carolyn Circle Marinette, WI 54143

Driveways with inadequate access may hinder emergency vehicle response

I understand and agree ZH (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 see email request Date 11-22-25

Culvert size required _____

Approved _____ Date _____

Iry gas stations, AI Ms



Restaurants

Parks

Gas



NOTE : ← driveway

Bldr planning on
using a: 15" pipe
(culvert)

20' long

3/4" gravel around &
compacted
along
culvert

SITE INFO

SUBDIVISION _____
 LOT NO. _____ BLOCK NO. _____
 ZONING DISTRICT _____
 _____ 1/4, _____ 1/4, SEC _____, T _____, N, R _____ E or W
 PARCEL NO. _____
 SETBACKS:
 FRONT _____ ft REAR _____ ft
 LEFT N/A ft RIGHT _____ ft

Work shall not proceed until the inspector has approved the various stages of construction or two business days have elapsed since the day of inspection request. This permit will expire 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 # PESH 25-09



INSPECTIONS

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

Constr HVAC Elect Plumb Erosion

Project:

Generator, T. Switch

Issued To	OWNER (AGENT) <u>DELANE, C.</u>	PHONE
	BUILDING SITE ADDRESS <u>N1898 Shore Dr.</u>	
	CITY, VILLAGE, TOWN <u>PESHIGO</u>	

CONTRACTORS

NAME	CREDENTIAL #	PHONE
G.C.		
HVAC		
ELECT. <u>Sasu Collins</u>		
" "		
MSTR ELECT <u>J. Tuma - Plmb.</u>		

Issued by	PERSON ISSUING <u>Jane Meissner</u>	CERT. NO.
	DATE ISSUED <u>12-2-25</u>	PHONE <u>#94588</u> <u>715-245-1708</u> <u>Nebuildingspector@gmail.com</u>

Comments: _____

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

FAST MAX HOLDINGS, LLC
3514 65TH ST.
KENOSHA, WI 531423368

DATE 12-3-2005

PAY TO THE ORDER OF

Nature Edge ~ \$ 75.00
seventy five & 100/100

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

Fire # W2011 Old Peshigo Rd

Christine Bora

+10750000191

290521610810161

Fire Number Application # Pesh 25-10

Date Received 12-5-25

By Messner

Please complete all areas of application that are applicable

Tax Parcel Number 024-01289-000 (can obtain from tax bill)

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

Property Owner Name Peter Bora "First Max Holdings LLC"
Email Christine.bora@gmail.com

Phone # 480-267-5191

Road Name Old Peshigo Rd

Owner's Permanent Mailing Address

3514-65th St Kenosha WI 53142

\$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 Peter Bora

Date 12-3-2005

Approved Messner

Date 12-6-25

Fire Number Assigned W2011 Old Peshigo Rd.

Notes: Paid ck # 161 75.00 to N/E.

Dept of Safety & Professional Services
Industry Services Division
Wisconsin Stats. 101.63, 101.73

Wisconsin Uniform Building Permit Application

Instructions on back of second ply. The information you provide may be used by other government agency programs [(Privacy Law, s. 15.04 (1)(m))]

Application No. Pe 25-11
Parcel No. 024-00863.000

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name: Ruggles, C. Mailing Address: N3576 City Right of Way Rd Tel. _____

Contractor Name & Type: Basement Repair Specialists Lic/Cert#: _____ Exp Date: _____ Mailing Address: Prattigo WI Telephone & Email: 855-554-7246

Dwelling Contractor (Const.): Basement Repair Specialists

Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.): Sydney@basementrepairspecialists.com

HVAC: Remove Column Supports + replace

Electrical Contractor: _____

Electrical Master Electrician: _____

Plumbing: _____

PROJECT LOCATION Lot area _____ Sq.ft. One acre or more of soil will be disturbed Town Village City of Prattigo _____ 1/4, _____ 1/4, of Section _____, T _____ N, R _____ E/W

Building Address: same County: Grant Subdivision Name: _____ Lot No.: _____ Block No.: _____

Zoning District(s): _____ Zoning Permit No.: _____ Setbacks: Front _____ Rear _____ Left _____ Right _____ ft.

<p>1. PROJECT</p> <input type="checkbox"/> New <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other.	<p>3. OCCUPANCY</p> <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other.	<p>6. ELECTRIC</p> <p>Entrance Panel Amps: _____</p> <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <p>7. WALLS</p> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other.	<p>9. HVAC EQUIP.</p> <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.	<p>12. ENERGY SOURCE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <tr> <td>Space 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> <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> </table>	Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo	Space Htg	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>																	
Fuel	Nat Gas	LP	Oil	Elec	Solid	Solar Geo																										
Space Htg	<input 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"/>																										
<p>2. AREA INVOLVED (sq ft)</p> <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.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bsmt</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Living Area</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Garage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deck/ Porch</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Totals</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Unit 1	Unit 2	Total	Unfin.				Bsmt				Living Area				Garage				Deck/ Porch				Totals				<p>4. CONST. TYPE</p> <input type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD <p>5. STORIES</p> <input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: _____ <input type="checkbox"/> Basement	<p>8. USE</p> <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	<p>10. SEWER</p> <input type="checkbox"/> Municipal <input type="checkbox"/> Sanitary Permit# _____ <p>11. WATER</p> <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Well	<p>13. HEAT LOSS</p> <p style="text-align: center;">BTU/HR Total Calculated</p> <p>Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)</p> <p>14. EST. BUILDING COST w/o LAND</p> <p style="text-align: center; font-size: 24pt;">\$ 18,000</p>
	Unit 1	Unit 2	Total																													
Unfin.																																
Bsmt																																
Living Area																																
Garage																																
Deck/ Porch																																
Totals																																

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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.

APPLICANT (Print:) See attached **Sign:** _____ **DATE** _____

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 Prattigo County of Grant State of WI State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location: 38024

<p>FEES:</p> <p>Plan Review <u>30/25</u> \$ _____</p> <p>Inspection <u>100</u> \$ _____</p> <p>Wis. Permit Seal \$ _____</p> <p>Other \$ _____</p> <p>Total \$ <u>100</u></p>	<p>PERMIT(S) ISSUED</p> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	<p>PERMIT ISSUED BY:</p> <p>Name: <u>Jane Meissner</u></p> <p>Date: <u>12/03/25</u> Tel. <u>#945930</u></p> <p>Cert No. <u>715-245-1708</u></p> <p>Email: <u>Nebuildinginspector@gmail.com</u></p>
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