

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	
LEFT _____ ft	

existing

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 # Pe 26-01



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

Constr HVAC Elect Plumb Erosion

Project:

Alteration

Issued To	OWNER (CLIENT) <u>A. Jasch</u>	PHONE
	BUILDING SITE ADDRESS <u>1745 Shore Dr.</u>	
	CITY, VILLAGE, TOWN <u>Peshigo</u>	

CONTRACTORS		
NAME	CREDENTIAL #	PHONE
<u>Zradsky</u>		
<u>BT Elec</u>		
<u>Jims Plumb.</u>		

Issued by	PERSON ISSUING <u>[Signature]</u>	CITY <u>Pe 26-01</u>
	DATE ISSUED <u>12-26</u>	TELEPHONE <u>945-930</u> <u>245-1708</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

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

Wisconsin Uniform Building
Permit Application

Application No.
Pe 26-01
Parcel No.
024-02017, 000

Instructions on back of second ply. The information you provide may be used by other government agency programs (Privacy Law, s. 19.31(1)(m))

PERMIT REQUESTED

Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name
Andreas Jersch

Mailing Address
11265 Shore Dr Marinette WI 54143

Email: _____ Tel. **(900) 140-1409**

Contractor Name & Type
Dwelling Contractor (Constr.)

License/Exp. Date _____ Mailing Address _____

Tel. & Email
(900) 140-1409
andreas.jersch@epi.com

Dwelling Contr. Qualifier

Andreas Jersch
The Dwelling Contr. Qualifier shall be an owner, CBO, COB or employee of the Dwelling Contr.

HVAC
Longs HVAC

1001 5th Ave
Menominee, WI 54858

(900) 810-8337
zort@upstreamad.com

Electrical Contractor

4971 State Hwy 135
Menominee, WI 54858

(900) 810-8106

Plumbing

WSB416 Co Rd 340
Waukegan, WI 54993

(900) 788-4890

PROJECT LOCATION

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

Building Address **N1265**
11265 Shore Dr Marinette WI 54143

County **Marinette** Subdivision Name _____

Lot No. _____ Block No. _____

Zoning District(s) _____ Zoning Permit No. _____

Setbacks: Front **EXISTING** ft. Rear _____ ft. Left _____ ft. Right _____ ft.

1. PROJECT

New Alteration Addition Repair Raze Move Other

2. AREA INVOLVED (sq ft)

Unfin. Bsmt. _____ Living Area _____ Garage _____ Deck/Porch _____

* **Alter existing garage into master bedroom with bath**

3. OCCUPANCY

Single Family Two Family Garage Other USE Seasonal Permanent Other:

4. CONSTRUCTION TYPE

Site Built Mfd. Per WI UDC Mfd. Per US HUD

5. STORIES

1-Story 2-Story Other: _____ Plus Basement **EST. BUILDING COST w/ LAND \$ 40,500**

6. WALLS

Wood Frame Steel ICF Timber/Pole Other

7. SEWER

Municipal Sanitary Permit # _____ **8. 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 swear 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): **Andreas Jersch** Sign: _____ DATE: **12/26/25**

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 **Marinette** County of **Marinette** State **WI** State-Contracted Inspection Agency: _____ Municipality Number of Dwelling Location **38.024**

FEE:

Plan Review \$ _____ Inspection \$ _____ Wjs. Permit Seal **paid # \$1025** Other _____ Total **12/26 \$400**

PERMIT(S) ISSUED

Construction HVAC Electrical Plumbing Erosion Control

PERMIT ISSUED BY:

Name: **Jane Meisner** Date: **12/26/25** Tel: **945930** Cert No: **715-848-170R** Email: **rebldinginspect@marinette.com**

SBD-5823 (R1/17) Distributor: Ply 1 - Issuing Jurisdiction; Ply 2 - Issuer forwards to state w/in 30 days; Ply 3 - Inspector; Ply 4 - Applicant

TOWN OF PESHTIGO
FIRE NUMBER APPLICATION

Fire Number Application # PE26-02

Date Received JAN 24 2026

By [Signature]

MEMO
Fire # for Reese Bouschan
#021927 #10759005751

Please complete all areas of application that are applicable

Tax Parcel Number 024-01195.008 (can obtain from tax bill)

Legal Description: Sec. 18 T. 30 N. R. 23 E.

Property Owner Name Reese Bouschan Email Busjahn, Reese (Cnty)

Phone # 920.366.7283

Road Name River Bend Drive

Owner's Permanent Mailing Address

N 3046 Riverbend Drive Peshtigo

\$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]
Sharon A. Hoffmann

Date 1-20

Approved

[Signature]

paid ck #21927

Date 1-23-26

* N3045 River Bend Dr.

TOWN OF PESHTIGO
FIRE NUMBER APPLICATION

Fire Number Application # PE 26-03

Date Received 2-5-26

By Meissner

Please complete all areas of application that are applicable

Tax Parcel Number 024-01642.002 (can obtain from tax bill)

Legal Description: Sec. 31 T. 30 N. R. 23 E.

Property Owner Name Benjamin Nemitz Email bnemitz@live.com

Phone # 715-579-6427

Road Name Hale Rd

Owner's Permanent Mailing Address

E4515 Pinewood Cir., Elora, WI 54738

\$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 2/2/26

Paid # 4134

Approved Meissner Date 2-9-26

Fire Number Assigned N1979 Hale Rd

Notes: contacted owner 2-9-26 via email.

Data last revised

12/12/2025

N1979 Hale Rd
Owner(s) Making
Address
Nemitz

Parcel

Number: 024-01642.002

~~JOSHUA J~~
~~STEFFECK~~
~~SHYANNH~~

726
FRENCH
ST,



79 8041/2918 4134

Gwen M. Nemitz
Benjamin A. Nemitz
84515 Pinewood Cir
Eleva, WI 54738

Feb. 20 26 Yosemite National Park

By Nature's Edge \$ 75⁰⁰

Seventy-five dollars and ^{no}/₁₀₀

ROYAL CREDIT UNION
1-800-341-9911
WWW.RCU.ORG F.N. PE 26-03

Nemitz N1979 Hale Rd

MP

⑆29188041⑆ ⑆25644104⑆ 4134

