

TOWN OF PESHTIGO 2026

Permit #				
26-01	Jasch, Andrea	N1265 Shore Dr	Residential renovations	#024-02017.000
26-02	Busjahn, Reese	N3046 Riverbend Dr	Fire Number	#024-01195.008
26-03	Nemitz, Ben	N1979 Hale Rd	Fire Number	#024-01642.002
26-04	Houts, Dan	N1768 Shore Dr	Garage	#024-0197.000
26-05	Fischer, Justin	N3126 River Bend	New windows, patio door	#024-01193.000
26-06	Pickl, Ken	N2078 Dahl Rd	Shed	#024-01776.001
26-07	Langer, Ed	N2945 Green Gable Rd	Fire Number	#024-01822.001
26-08	Frosch, James	W862 Leaf Rd	Fire Number	#024-01900.002
26-09	Anderson/Peterson	W1345 Rolling Hill Ln	Dwelling	#024-01770.011

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
G.C. <u>Zradsky</u>		
HVAC		
ELECT. <u>BT Elec</u>		
PLUMB. <u>Jim's Plumb.</u>		

Issued by	PERSON ISSUING <u>[Signature]</u>	OFFICE <u>945930</u>
	DATE ISSUED <u>12-26</u>	TELEPHONE <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. 19.05 (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. _____

Contractor Name & Type

License/Exp. Date Mailing Address

Tel. & Email

Dwelling Contractor (Constr.)

Andreas Jersch
11265 Shore Dr Marinette WI 54143

(900) 1240-1484
andreas.jersch@epi.com

Dwelling Contr. Qualifier

The Dwelling Contr. Qualifier shall be an owner, CBO, COB or employee of the Dwelling Contr.
Matt Corey (nephew)

HVAC

Longs HVAC
1001 56th Ave
Menominee, WI 49858

(900) 8103-8337
zort@upstreamendrail.com

Electrical Contractor

BT Electric -
4971 State Hwy 135
Menominee, WI 49858

(900) 8103-8108

Electrical Master Electrician

Plumbing

WSB416 Co Rd 340
Waltham, 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**

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 _____ Totals _____

*** 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: **6/26/25**

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 **38024**

FEE:

Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal **paid # 1025** Other _____ Total **11/26 \$400**

PERMIT(S) ISSUED

WIS PERMIT SEAL: _____

PERMIT ISSUED BY:

Construction HVAC Electrical Plumbing Erosion Control

Name: **Jane Meisner**
Date: **6/26/25**
Tel: **945930**
Cert No. **715-848-170R**
Email: **rebldnginspect@epi.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 Peshigo

\$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 1-20

Sharon A. Hoffmann

Approved [Signature] 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

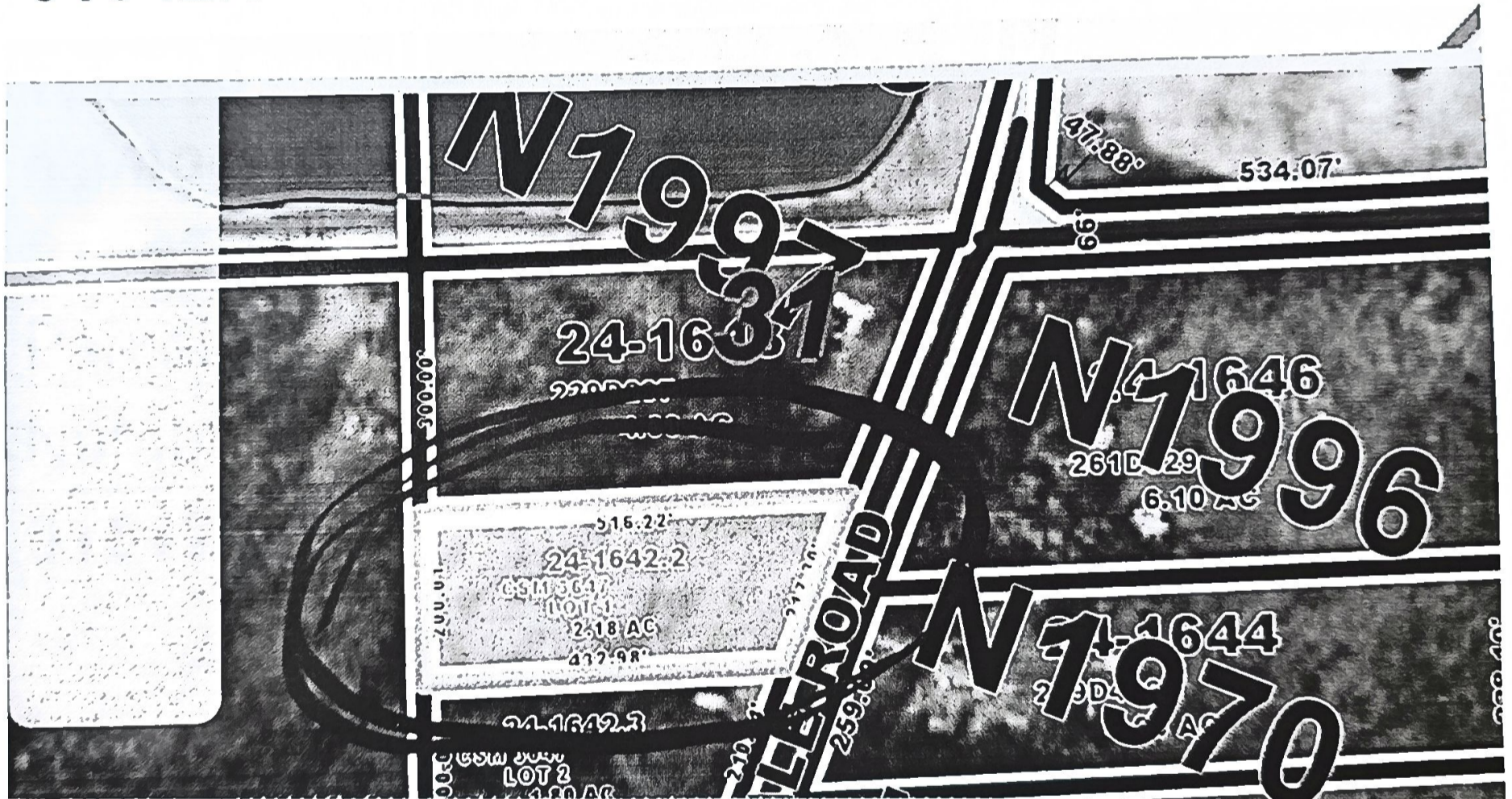
N1979 Hale Rd
Owner(s) Making
Address
Nemitz

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

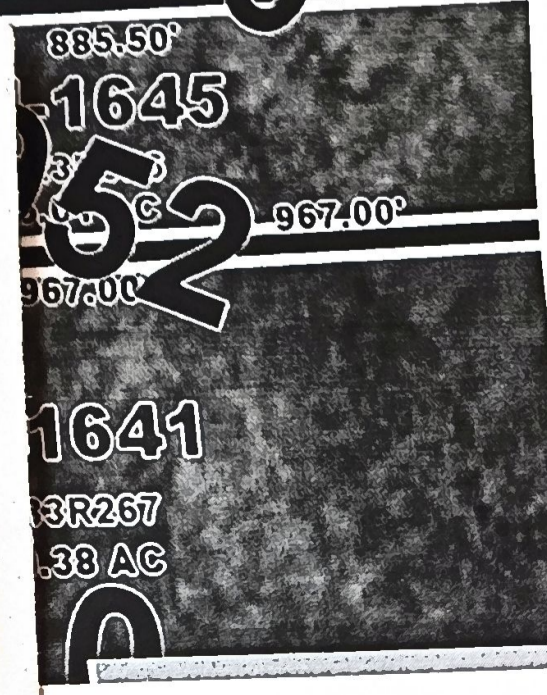
By letter
Nature's Edge \$ 75⁰⁰

Seventy-five dollars and ⁰⁰/₁₀₀

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

Nemitz N1979 Hale Rd

2918804111 25644104 4134



SITE INFO

SUBDIVISION _____
 LOT NO. _____ BLOCK NO. _____
 ZONING DISTRICT _____
 _____ 1/4, _____ 1/4, SEC. **31**, T. **30**, R. **24** E or W
 PARCEL NO. **024-01917.000**
 SETBACKS: FRONT **100** ft REAR **150** ft
 LEFT **80** ft RIGHT **80** 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 # **RE 2604**



- Constr HVAC Elect Plumb Erosion

Project:

Garage STORAGE ONLY

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

STORAGE ONLY

Issued To **D. HOUTS**
 OWNER (AGENT) **D. HOUTS** PHONE _____
 BUILDING SITE ADDRESS **1768 Shore Dr.**
 CITY, VILLAGE, TOWN **WESTHIGO**

CONTRACTORS		
NAME	CREDENTIAL #	PHONE
G.C. B. Tonn		
HVAC		
ELECT. Drees Electric		
PLBG		
MSTR ELECT		

Issued by **20-26**
 PERSON ISSUING **Jane Meissner** CERT. NO. _____
 #945930
 DATE ISSUED **7-15-2012**
 715-215-7700
 Nebuildinginspector@gmail.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.

SITE INFO

SUBDIVISION _____
 LOT NO. _____ BLOCK NO. _____
 ZONING DISTRICT _____
 _____ 1/4, _____ 1/4, SEC _____, T _____, N, R _____ E or W
 PARCEL NO. **024-01193.000**
 SETBACKS:
 FRONT **EXISTING** ft
 LEFT _____ 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 # **PE 26-05**

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

INSPECTIONS

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

Constr HVAC Elect Plumb Erosion

Project:

New Windows - Patio Door

Issued To	OWNER (AGENT) J. FISCHER	PHONE
	BUILDING SITE ADDRESS N 3126 River Bend	
	CITY, VILLAGE, TOWN Peshigo	

Issued by

PERSON ISSUING JANE MEISSNER #945930	CERT. NO.
DATE ISSUED 2-10-26	Naturesedgeinspections.com

Comments: _____

CONTRACTORS

NAME	CREDENTIAL #	PHONE
G.G. Window World HVAC		
ELECT.		
PLBG		
MSTR ELECT		

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.

Dept of Safety & Professional Services Industry Services Division Wisconsin Stats. 101.63, 101.73	Wisconsin Uniform Building Permit Application	Application No. PE 26-05
	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. 024-01193,000

PERMIT REQUESTED	<input checked="" type="checkbox"/> Constr. <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:		
Owner's Name Justin Fischer	Mailing Address N31210 River Bend Dr, Peshtigo,	Email: jfisch4418@hotmail.com	Tel. 715-701-6109
Contractor Name & Type Window World Green Bay	Lic/Cert# Exp Date DC-100600114 1/19/27	Mailing Address 969 Goddard Way Green Bay, WI 54311	Tel. & Email 920-321-0421 office@windowworldgb.com
Dwelling Contr. Qualifier Arthur Lane	DC#-090800076 9/2/26	The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr. see above	
HVAC			
Electrical Contractor			
Electrical Master Electrician			
Plumbing			

PROJECT LOCATION	Lot area Sq.ft.	<input type="checkbox"/> One acre or more of soil will be disturbed	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of Peshtigo	____ 1/4, ____ 1/4, of Section ____ T ____ N, R ____ E/W		
Building Address see above	County Marinette	Subdivision Name	Lot No.	Block No.		
Zoning District(s)	Zoning Permit No.	Setbacks:	Front EXISTING	Rear ft.	Left ft.	Right ft.

1. PROJECT	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Raze	<input type="checkbox"/> Move	<input type="checkbox"/> Other
2. AREA INVOLVED (sq ft)	Unit 1		Unit 2		Total		
Unfin. Bsmt.	replacement windows + patio door utilizing existing openings						
Living Area							
Garage							
Deck/Porch							
Totals							
3. OCCUPANCY	<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Two Family	<input type="checkbox"/> Garage	<input type="checkbox"/> Other	4. USE	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other:
5. CONSTRUCTION TYPE	<input type="checkbox"/> Site Built	<input type="checkbox"/> Mfd. Per WI UDC	<input type="checkbox"/> Mfd. Per US HUD				
6. STORIES	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Other:	<input type="checkbox"/> Plus Basement	7. EST. BUILDING COST w/o LAND \$		
8. WALLS	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Steel	<input type="checkbox"/> ICF	<input type="checkbox"/> Timber/Pole	<input type="checkbox"/> Other	9. ELECTRIC Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead	
10. SEWER	<input type="checkbox"/> Municipal	<input type="checkbox"/> Sanitary Permit #			11. WATER <input type="checkbox"/> Municipal <input type="checkbox"/> 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): **Sasha Allen, GM** Sign: **Sasha Allen** DATE **1/26/26**

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 type="checkbox"/> Village of <input type="checkbox"/> City of	County of Marinette <input checked="" type="checkbox"/> State WI	State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location 38-024

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$	<input checked="" type="checkbox"/> Construction	X	Name JANE MEISSNER
Inspection \$	<input type="checkbox"/> HVAC		Date 1/26/26
Wis. Permit Seal \$	<input type="checkbox"/> Electrical		Tel. #945930
Other PA # 24747 \$	<input type="checkbox"/> Plumbing		715-245-1708
Total \$50.00	<input type="checkbox"/> Erosion Control		Cert No. Naturesedgeinspections.com
			Email: _____

SITE INFO

SUBDIVISION _____
 LOT NO. _____ BLOCK NO. _____
 ZONING DISTRICT A41
 _____ 1/4, _____ 1/4, SEC 35, T 30, N, R 23 E or W
 PARCEL NO. 024-0176.001
 SETBACKS: FRONT 150 ft REAR 111 ft
 LEFT 189 ft RIGHT 549 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 # PE 26-06

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

INSPECTIONS

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

STORAGE ONLY

Constr HVAC Elect Plumb Erosion

Project:

SHED 320

STORAGE ONLY

Issued To

OWNER (AGENT) <u>Ken Pickl</u>	PHONE
BUILDING SITE ADDRESS <u>N2078 Dahl</u>	
CITY, VILLAGE, TOWN <u>KESHIGO</u>	

CONTRACTORS

NAME	CREDENTIAL #	PHONE
G.C. <u>Owner</u>		
HVAC		
ELECT.		
PLBG		
MSTR ELECT		

Issued by

PERSON ISSUING <u>JANE MEISSNER</u> #945930	CERT. NO.
DATE ISSUED <u>2-10-26</u>	<u>715-245-1008</u> Naturesedgeinspections.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.

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name Ken Pickl Mailing Address N2078 Dahl Rd 54143 Email: magdme2012@aol.com Tel. 715 938-8834

Contractor Name & Type Self Lic/Cert# Exp Date _____ Mailing Address _____ Tel. & Email NA

Dwelling Contractor (Constr.) Self

Dwelling Contr. Qualifier Self The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.

HVAC NA

Electrical Contractor NA **STORAGE ONLY**

Electrical Master Electrician NA

Plumbing NA

PROJECT LOCATION Lot area 4.79 acres One acre or more of soil will be disturbed Town Village City of Estherville W800' of N27225' A10/14, A11/14, A12/14, A13/14, A14/14, A15/14, A16/14, A17/14, A18/14, A19/14, A20/14, A21/14, A22/14, A23/14, A24/14, A25/14, A26/14, A27/14, A28/14, A29/14, A30/14, of Section 35, T 30 N, R 23 EW

Building Address N2078 Dahl Rd WI 54143 County Marquette Subdivision Name _____ Lot No. _____ Block No. _____

Zoning District(s) A61 Zoning Permit No. _____ Setbacks: Front 150 ft. Rear 111 ft. Left 189 ft. Right 549 ft.

1. PROJECT New Alteration Addition Repair Raze Move Other

2. AREA INVOLVED (sq ft)	Unit 1	Unit 2	Total
Unfn. Bsmt.	<u>NA</u>	_____	
Living Area	<u>NA</u>	_____	
Garage <u>Shed</u>	<u>320</u>	_____	<u>320</u>
Deck/Porch	<u>NA</u>	_____	
Totals	<u>320</u>		

3. OCCUPANCY Single Family Two Family Garage Other **4. USE** Seasonal Permanent Other:

5. CONSTRUCTION TYPE Site Built Mfd. Per WI UDC Mfd. Per US HUD

6. STORIES 1-Story 2-Story Other: _____ Plus Basement **7. EST. BUILDING COST w/o LAND** \$10,000

8. WALLS Wood Frame Steel ICF Timber/Pole Other **9. ELECTRIC** Panel Amps: NA Underground Overhead

10. SEWER Municipal Sanitary Permit # 175262 S **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): Ken Pickl Sign: [Signature] DATE 1/11/24

APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. See attached for conditions of approval.

ISSUING JURISDICTION Town of Estherville County of Marquette State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location 38024

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ _____ Inspection \$ _____ Wis. Permit Seal \$ <u>422</u> Other <u>Pa # 3</u> \$ _____ Total \$ <u>150.00</u>	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control	<u>X</u>	Name <u>JANE MEISNER</u> Date <u>1-10-24</u> <u>715-245-1709</u> Cert No. <u>Naturesedgeinspections.com</u> Email: _____

TOWN OF PESHTIGO
FIRE NUMBER APPLICATION

Fire Number Application # PE26-07

Date Received 2-19-26

By [Signature]

Please complete all areas of application that are applicable

Tax Parcel Number 024-01822.001 (can obtain from tax bill)

Legal Description: Sec. 18 T. 30 N. R. 24 E.

Property Owner Name Ed Langer Email edscon2002@yahoo.com

Phone # 715-923-4806

Road Name Green Gable Rd.

Owner's Permanent Mailing Address

N 2936 Green Gable Rd.

\$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 per phone request. Date 2-19-26

Approved [Signature] Date 2-19-26

Fire Number Assigned N2945

Notes: _____

Data last revised 12/12/2025

Owner(s) 

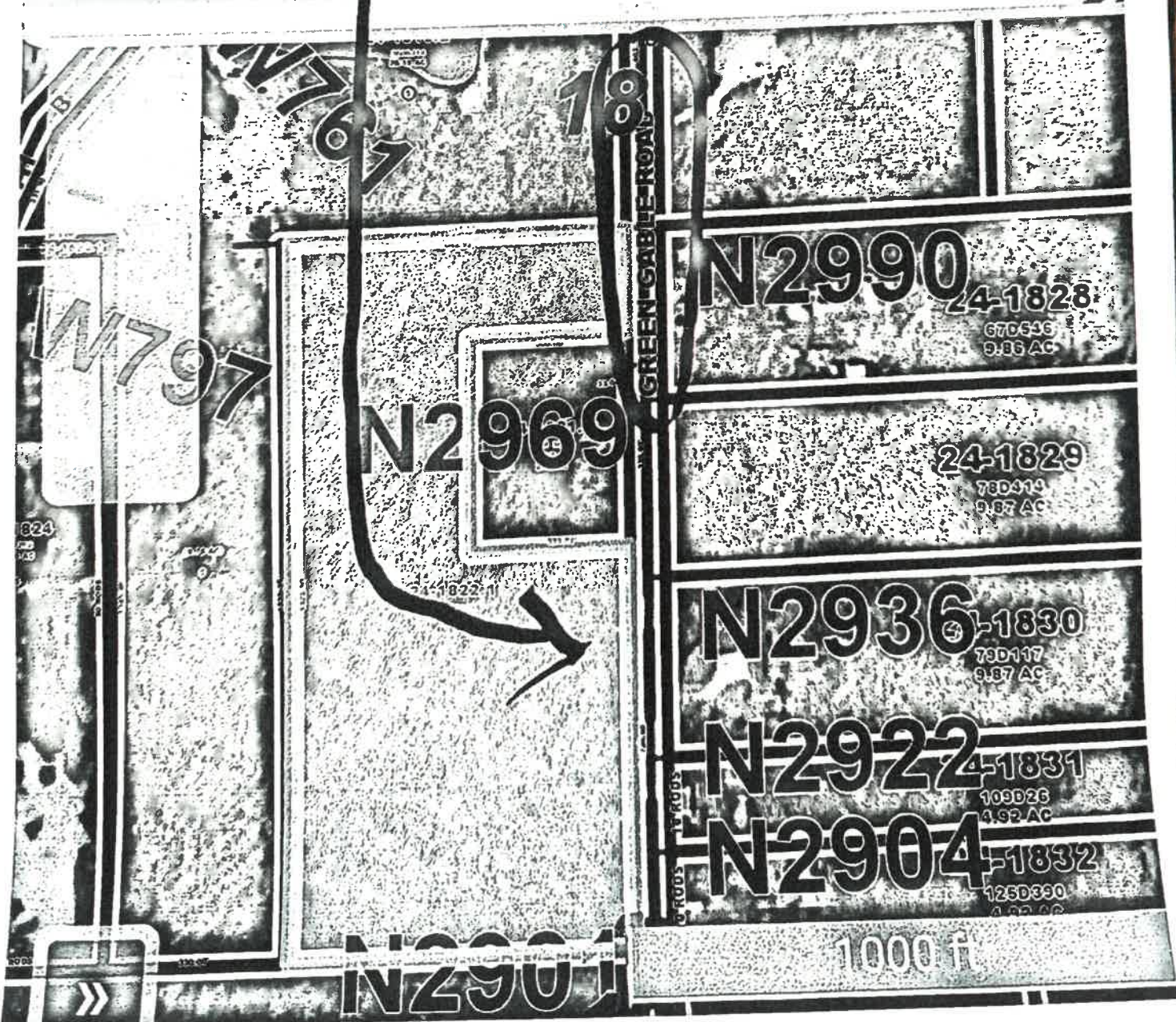
Mailing Address 

N2945

Parcel Number: 024-01822.001

EDWARD LANGER CHRISTINE

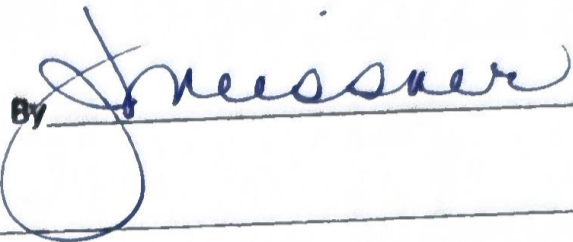
N2936 GREEN GABLE RD,



TOWN OF PESHTIGO
FIRE NUMBER APPLICATION

Fire Number Application # PE 26-08

Date Received 2-19-26

By 

Please complete all areas of application that are applicable

Tax Parcel Number 024-01900.002 (can obtain from tax bill)

Legal Description: Sec. 30 T. 30 N. R. 24 E.

Property Owner Name J. FROSCH Email N/a

Phone # 715-587-1086 or 715-587-5634

Road Name Leaf Rd.

Owner's Permanent Mailing Address

2012 Shore Dr. 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 per phone request Date 2-19-26

Approved  Date 2-19-26

Fire Number Assigned W862 Leaf Rd.

Notes: _____

Data last revised

12/12/2025

Owner(s)

Mailing Address

W862 Leaf Rd

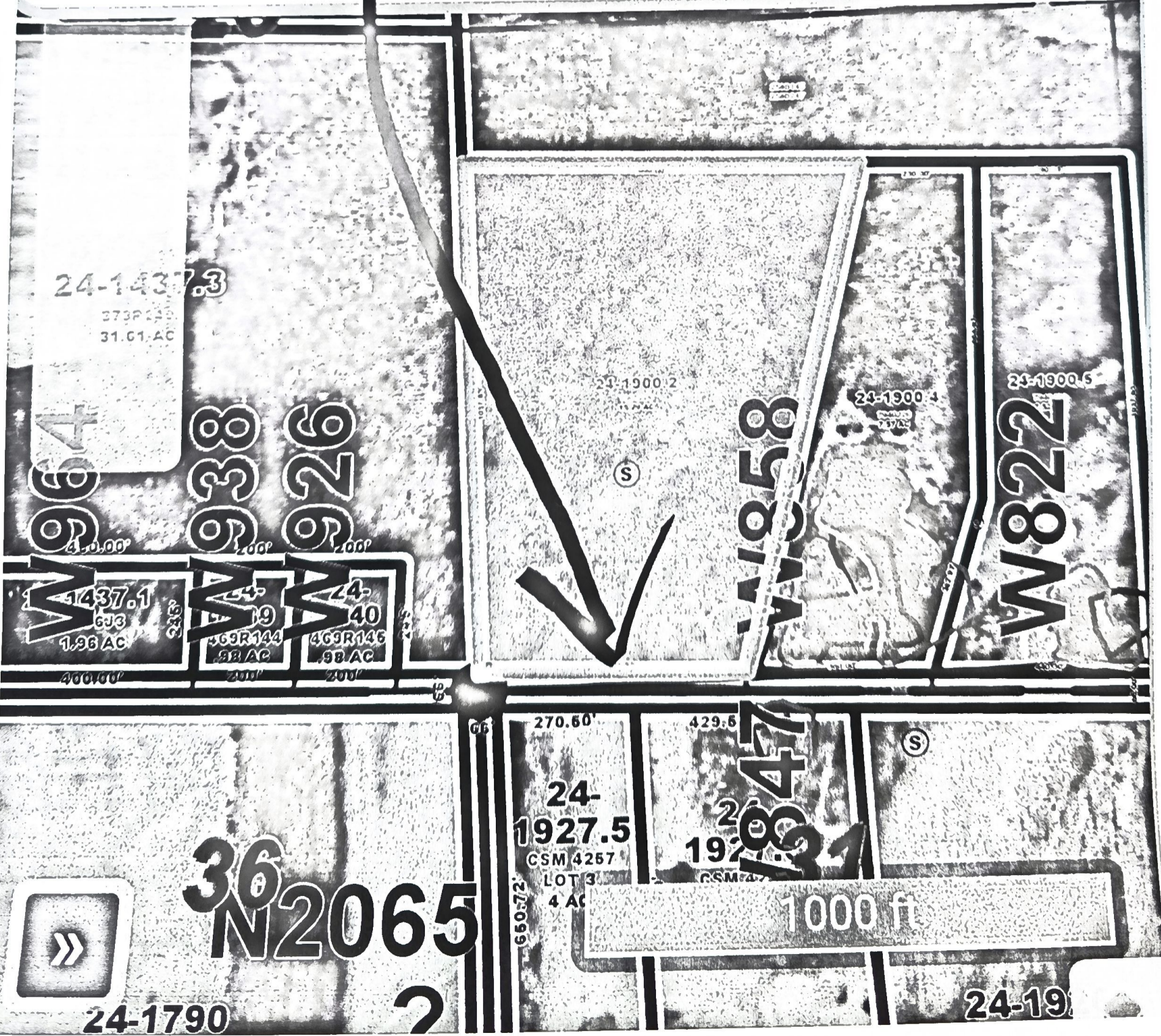
Parcel Number: 024-01900.002

SUZAN FROSCH JAMES

2012 SHORE DR, MARINETTE,

A L D

1 S



SITE INFO

SUBDIVISION _____
 LOT NO. 16 BLOCK NO. _____
 ZONING DISTRICT _____
E NE 1/4, SEC _____, T _____, N, R _____ E or W
 PARCEL 074-001770-11
 SETBACKS:
 FRONT 110 ft REAR 110 ft
 LEFT 70 ft RIGHT 70 ft

WISCONSIN UNIFORM BUILDING PERMIT # RE 26-09



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)

INSPECTIONS

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

Constr HVAC Elect Plumb Erosion

Project:

Dwelling, Garage, deck

Issued To	OWNER (AGENT) <u>Anderson/Peterson</u>	PHONE
	BUILDING SITE ADDRESS <u>W1345 Rolling Hill Ln.</u>	
	CITY, VILLAGE, TOWN <u>Peshtigo</u>	

CONTRACTORS

NAME	CREDENTIAL #	PHONE
<u>Bldr</u>		
<u>Hvac</u>		
<u>Elec</u>		
<u>Bouchard</u>		
<u>C. Van Domelen</u>		

Issued by	PERSON ISSUING <u>JANE MEISSNER</u>	CERT. NO. <u>#945930</u>
	DATE ISSUED <u>2/22/26</u>	TELEPHONE <u>715-245-1708</u> Naturesedgeinspections.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 correct within 30 days of notification, unless extension time is granted.

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 26-09

Parcel No.
024-01770.011

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name Robert Anderson & Susan Peterson	Mailing Address 3217 15 th Street, Menominee, MI 49858-1728	Tel. 715-864-8413
Contractor Name & Type J&J Builders of Northeast WI, Inc.	Lic/Cert# 04970006 3 - DC	Exp Date 5/11/26
Dwelling Contractor (Constr.) J&J Builders of Northeast WI, Inc.	Mailing Address 2076 W. Frontier Road Little Suamico 54141	Telephone & Email 920-826-7841 jim@jjbuildersofnew.com
Dwelling Contr. Qualifier (The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.)	Lic/Cert# 11070022 4 - DCQ	Exp Date 11/29/27
HVAC JJ Heating & Cooling	Mailing Address 675 W. Frontier Road Little Suamico, WI 54141	Telephone & Email 920-371-3141 jim@jjbuildersofnew.com
Electrical Contractor C&C Electric Services, Inc.	Lic/Cert# 1121306 - EC	Exp Date 6/30/2029
Electrical Master Electrician Christopher Van Domelen	Mailing Address 3765 Creamery Road - Suite 1 De Pere, WI 54115	Telephone & Email 920-737-6631 jjheating@bayland.net
Plumbing Bouchard Plumbing	Lic/Cert# 696122 - pm	Exp Date 3/31/29
	Mailing Address 6919 Country Oaks Drive Sobieski, WI 54171	Telephone & Email 920-655-4012 Pat@bouchardplumbing.com

PROJECT LOCATION Lot area 662112 Sq.ft. One acre or more of soil will be disturbed Town Village City of Peshigo SE 1/4, NE 1/4, of Section 35, T 30 N, R 23 E/W

Building Address W1345 Rolling Hill Lane County Marinette Subdivision Name _____ Lot No. 16 Block No. _____

Zoning District(s) Residential Zoning Permit No. _____ Setbacks: Front 110 ft. Rear 110 ft. Left 70 ft. Right 70 ft.

1. PROJECT <input checked="" type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Other: <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move	3. OCCUPANCY <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other: 4. CONST. TYPE <input checked="" type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD 5. STORIES <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Basement	6. ELECTRIC Entrance Panel Amps: <u>200</u> <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Overhead 7. WALLS <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other: 8. USE <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other:	9. HVAC EQUIP. <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: 10. SEWER <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Sanitary Permit# _____ 11. WATER <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> On-Site Well	12. ENERGY SOURCE Fuel: Nat Gas <input checked="" type="checkbox"/> LP <input type="checkbox"/> Oil <input type="checkbox"/> Elec <input type="checkbox"/> Solid <input type="checkbox"/> Solar Geo Space Htg: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Htg: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. HEAT LOSS _____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report) 14. EST. BUILDING COST w/o LAND \$ <u>625,000</u>
---	--	--	---	--

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 second page of this form.

APPLICANT (Print:) James A. Hopkins III Sign: James A Hopkins 3 DATE 2/20/2026

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 _____ County of Marinette Village of _____ State WI City of Peshigo State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location 38-026

FEES: total Plan Review \$ 1257.00 PERMIT(S) ISSUED Construction 581675 WIS PERMIT SEAL # _____ PERMIT ISSUED BY: _____

base 350
757
S.S. 50
P.R. 100

2/23/26 JANE MEISSNER
#945930
715-245-1708
natureedgeinspections.com