

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
26-10	Kalafut, Cara	N2429 Rivers Edge Dr	Garage	#024-01444.000
26-11	Meyer, Mary	N2158 Shore Dr	Raze structure	#024-02381.000
26-12	Kruckman, Rod	N985 Brooke Ln	Dwelling, garage	#024-00277.002
26-13				
26-14	LaCount, Andrew	N1880 Dahl Rd	Garage	#024-01782.008
26-15	Jessel, Joshua	W1807 County Rd B	Fire Number	#024-01522.002
26-16				
26-17				

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>	DATE ISSUED <u>12-26</u>	TELEPHONE <u>945-930</u> <u>245-1708</u>
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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:
ajersch@epaper.com

Tel.
(920) 480-1409

Contractor Name & Type

Lic/Certif. Exp. Date

Mailing Address

Tel. & Email

Dwelling Contractor (Constr.)

11265 Shore Dr Marinette WI 54143

**(920) 480-1409
ajersch@epaper.com**

Dwelling Contr. Qualifier

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

Andreas Jersch
Matt Corey (nephew)

HVAC
Longs HVAC

**1001 56th Ave
Menominee, WI 49858**

**(920) 813-9337
zort@upstreamad.com**

Electrical Contractor

**4971 State Hwy 135
Menominee, WI 49858**

(920) 813-8108

Electrical Master Electrician

RT Electric -

Plumbing

**WSB416 Co Rd 340
Walker, WI 54993**

(920) 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**

Rear

Left Right

1. PROJECT

New Alteration Addition Repair Raze Move Other

2. AREA INVOLVED (sq ft)

Unfin. Bsmt. Living Area Garage Deck/Porch Totals

Living Area

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

Garage

Deck/Porch

Totals

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: **[Signature]**

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 **38.024**

FEE:

PERMIT(S) ISSUED

WIS PERMIT SCALE

PERMIT ISSUED BY:

Plan Review \$

Construction

X

Name **Jane Meisner**

Inspection \$

HVAC

Date **6/26/25**

Wis. Permit Seal \$1025

Electrical

Cert No. **715-848-170R**

Other **paid #**

Plumbing

Email: **rebldnginspect@epaper.com**

Total **11265 \$400**

Erosion Control

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

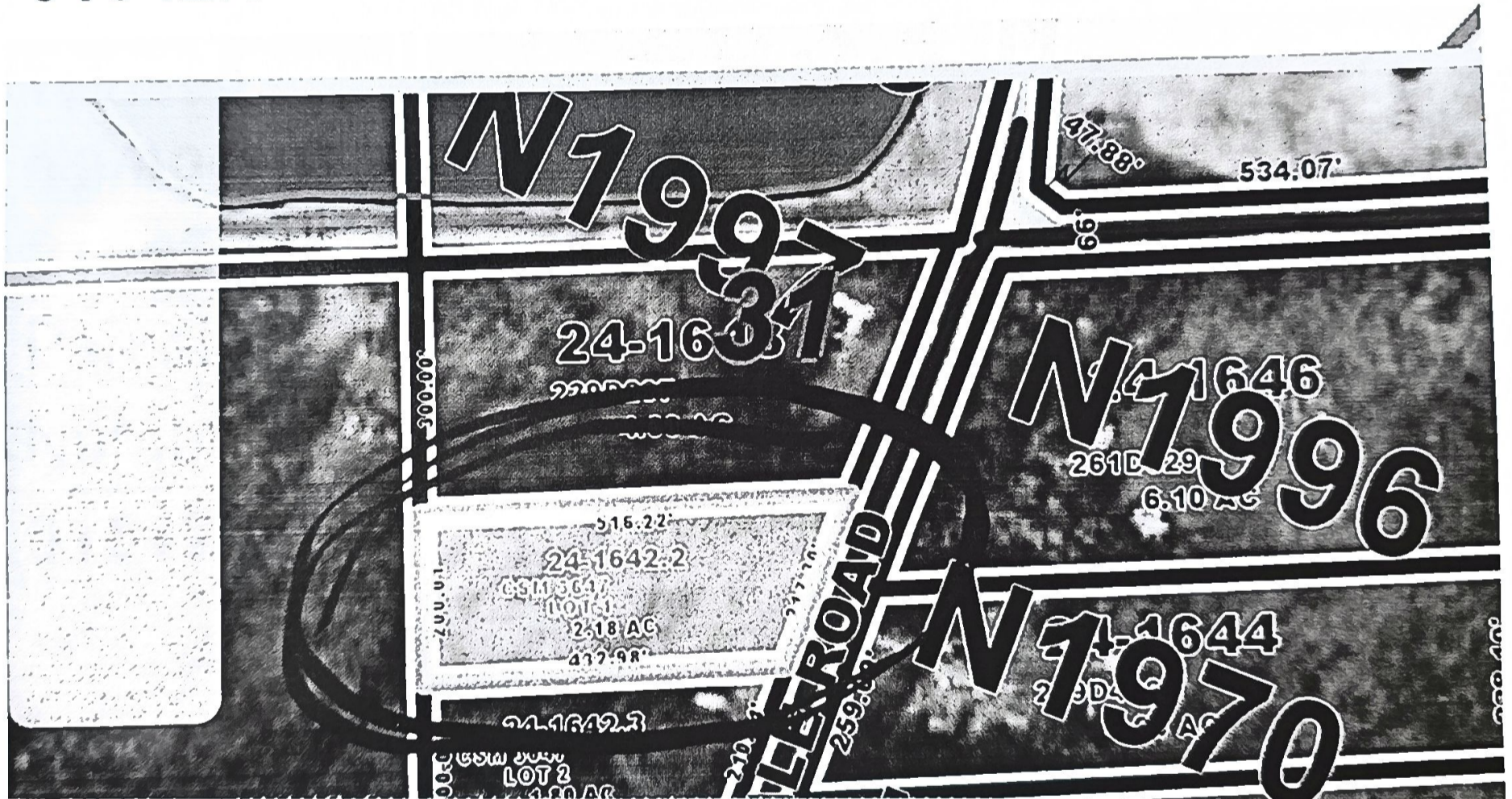
N1979 Hale Rd
Owner(s) Making
Address
Nemitz

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

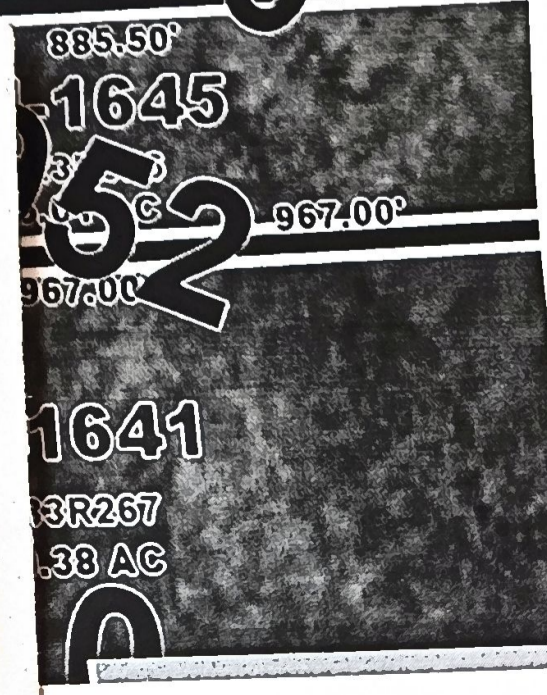
By letter
Nature's Edge \$ 75⁰⁰

Seventy-five dollars and ^{no}/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) _____ PHONE _____
 BUILDING SITE ADDRESS **11768 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** #945930
 DATE ISSUED **7-15-2015**
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.

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

Wisconsin Uniform Building
Permit Application

Application No. **FE 26-04**
Parcel No. **024-01917,000**

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))

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name **HOUTS, D.** Mailing Address **N1768 Shore Dr.** Email: Tel.:

Contractor Name & Type Lic/Contr# Exp Date Mailing Address Tel. & Email

Dwelling Contractor (Constr.) **0521.00617** **W5496 Reeds Ln** **715 938-0700**
OCR **Pequot WI**

Dwelling Contr. Qualifier **0521.00618** The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr. **Btonn39@yahoo.com**

HVAC **OCR**

Electrical Contractor **D. Neese EEE** **Marquette WI** **715 735 7125**

Electrical Master Electrician **John D. Neese** **Marquette WI** **715 735 7125**

Plumbing **STORAGE ONLY**

PROJECT LOCATION Lot area One acre or more of soil will be disturbed Town Village City of **Peshigo** 1/4, 1/4, of Section **31 T30 N, R24 EW**

Building Address **N1768 Shore Drive** County **Marquette** Subdivision Name Lot No. Block No.

Zoning District(s) **9853** Setbacks: Front **100 ft.** Rear **150 ft.** Left **80 ft.** Right **80 ft.**

1. PROJECT New Alteration Addition Repair Raze Move Other

2. AREA INVOLVED (sq ft) Unit 1 Unit 2 Total

Defin. Bsm't Living Area **2475** **840 SF** **STORAGE ONLY**

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

5. CONSTRUCTION TYPE Site Built M&L Per WI UDC M&L Per US HUD

6. STORIES 1-Story 2-Story Other: Plus Basement 7. EST. BUILDING COST w/o LAND **\$ 40,000**

8. WALLS Wood Frame Steel ICF Timber/Pole Other 9. ELECTRIC Panel Amps: **60** Underground Overhead

10. SEWER Municipal Sanitary Permit # **112574** 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. If I verify 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) **Brian Rowe** Sign: **Brian Rowe** DATE **2-4-26**

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. See attached for conditions of approval.

ISSUING JURISDICTION Town of **Peshigo** County of **Marquette** State-Contracted Inspection Agency#: Municipality Number of Dwelling Location **38.024**

FEE: PERMIT(S) ISSUED: Construction HVAC Electrical Plumbing Erosion Control WIS PERMIT SEAL # PERMIT ISSUED BY:

Plan Review Inspection Fee, Permit Seal, Other, Total Name: **JANE MEISSNER** Date: Tel: **845930** Cert No: **715-245-1708** Email: **naturessigninspections.com**

SHD-3123(R1/17) Distribute: Ply 1 - Issuing Jurisdiction; Ply 2- Issuer forwards to state w/in 30 days; Ply 3- Inspector; Ply 4- Applicant

\$ 150.00

A. A natural deposit to soak into

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	

CONTRACTORS

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

Issued by

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

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 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 <u>A41</u>	
_____/4, _____/4, SEC <u>35</u> , T <u>30</u> , N, R <u>23</u> E or W	
PARCEL NO. <u>024-0176.001</u>	
SETBACKS: FRONT <u>150</u> ft REAR <u>111</u> ft	
LEFT <u>189</u> ft RIGHT <u>549</u> 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.

**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) 

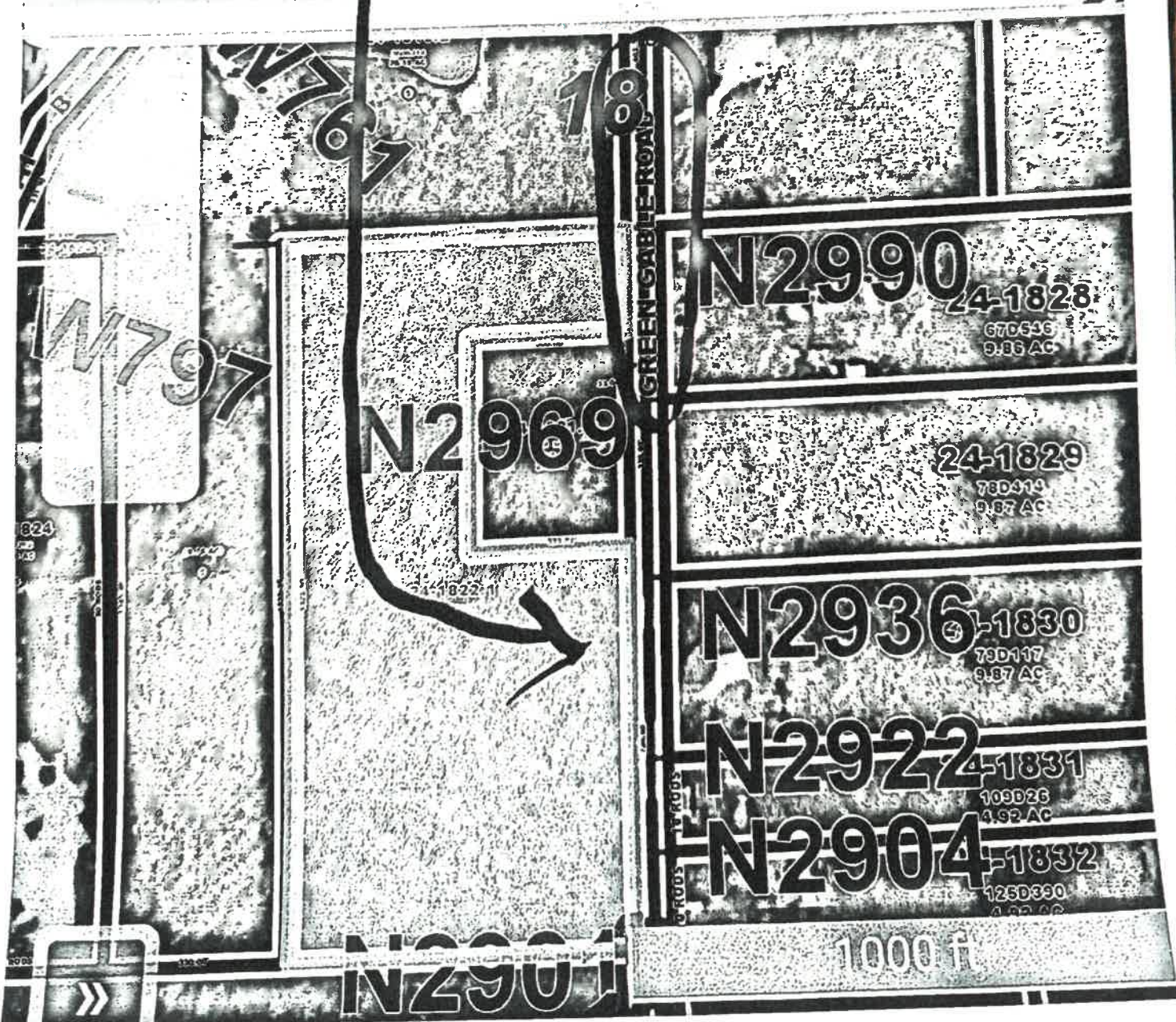
Mailing Address 

N2945

Parcel Number: 024-01822.001

EDWARD LANGER CHRISTINE

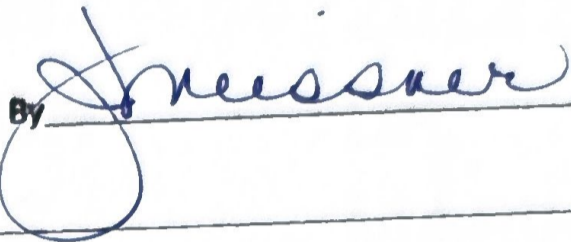
N2936 GREEN GABLE RD,



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: _____

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 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

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	Lic/Cert#	Exp Date	Mailing Address	Telephone & Email
Dwelling Contractor (Constr.) J&J Builders of Northeast WI, Inc.	04970006 3 - DC	5/11/26	2076 W. Frontier Road Little Suamico 54141	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.)	11070022 4 - DCQ	11/29/27	2076 W. Frontier Road Little Suamico 54141	920-371-3141 jim@jjbuildersofnew.com
HVAC JJ Heating & Cooling	959676 - hvaccont	4/20/26	675 W. Frontier Road Little Suamico, WI 54141	920-737-6631 jjheating@bayland.net
Electrical Contractor C&C Electric Services, Inc.	1121306 - EC	6/30/2029	3765 Creamery Road - Suite 1 De Pere, WI 54115	920-655-4012
Electrical Master Electrician Christopher Van Domelen	958927 - ME	6/30/2026	3365 Creekview Road De Pere, WI 54115	920-655-4012
Plumbing Bouchard Plumbing	696122 - pm	3/31/29	6919 Country Oaks Drive Sobieski, WI 54171	920-655-2455 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:	6. ELECTRIC Entrance Panel Amps: <u>200</u> <input checked="" type="checkbox"/> Underground <input type="checkbox"/> Overhead	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:	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"/>
2. AREA INVOLVED (sq ft)	4. CONST. TYPE <input checked="" type="checkbox"/> Site-Built <input type="checkbox"/> Mfd. per WI UDC <input type="checkbox"/> Mfd. per US HUD	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:	10. SEWER <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Sanitary Permit# _____	13. HEAT LOSS ____ BTU/HR Total Calculated Envelope and Infiltration Losses (available from "Total Building Heating Load" on Rescheck report)
Unfin. Bsmt: <u>1826</u>	5. STORIES <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Basement	8. USE <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Other:	11. WATER <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> On-Site Well	14. EST. BUILDING COST w/o LAND <u>\$ 625,000</u>
Living Area: <u>2059</u>				
Garage: <u>1165</u>				
Deck/Porch: <u>250</u>				
Totals: <u>5300</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	<input checked="" type="checkbox"/> Town of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of <u>Peshigo</u>	<input checked="" type="checkbox"/> County of <u>Marinette</u> <input checked="" type="checkbox"/> State <u>WI</u>	State-Contracted Inspection Agency#: _____ Municipality Number of Dwelling Location <u>38-026</u>
-----------------------------	---	--	---

FEES: <u>total</u>	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ <u>1257.00</u>	<input checked="" type="checkbox"/> Construction	<u>581675</u>	Name <u>JANE MEISSNER</u>

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

2/23/26
#945930
715-245-1708
aturesedgeinspections.com

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 _____ 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

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

PE 26-10

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:

Garage

STORAGE ONLY

Issued To	OWNER (AGENT) <i>C. Kalagut</i>	PHONE
	BUILDING SITE ADDRESS <i>N2429 Revers Edge</i>	
	CITY, VILLAGE, TOWN <i>Peshigo</i>	

CONTRACTORS

NAME	CREDENTIAL #	PHONE

Issued by	PERSON ISSUING JANE MEISSNER #945930	CERT. NO.
	DATE ISSUED <i>3/1/24</i>	TELEPHONE <i>708</i> <i>Naturesedgeinspections.com</i>

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.

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 26-10

Parcel No.
024-01444000

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name: **Cara Kalafut** Mailing Address: **N 2429 Rivers Edge Dr** Email: **C-Kalafut@natural.com** Tel: **9064240650**

Contractor Name & Type	Lic/Cert# Exp Date	Mailing Address	Tel. & Email
Dwelling Contractor (Constr.)			
Dwelling Contr. Qualifier		The Dwelling Contr. Qualifier shall be an owner, CEO, COB or employee of the Dwelling Contr.	
HVAC			
Electrical Contractor			
Electrical Master Electrician			
Plumbing			

STORAGE ONLY

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

Building Address: **N 2429 Rivers Edge Dr** County: **Marinette** Subdivision Name: **MC 75' See New Site Plan** Lot No. Block No.

Zoning District(s) Zoning Permit No. Setbacks: Front **44** ft. Rear **130** ft. Left **130** ft. Right **150** ft.

1. PROJECT	<input checked="" type="checkbox"/> New <input 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.	N/A
Living Area	N/A
Garage	864 sq ft
Deck/Porch	N/A
Totals	864 sq ft

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** \$ **18,000**

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

10. SEWER Municipal Sanitary Permit # **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): **Cara Kalafut** Sign: **Cara Kalafut** **2/22/26** 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 **Peshtigo** County of **Marinette** State-Contracted Inspection Agency#: Municipality Number of Dwelling Location: **0240-1444000**

FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ 150	<input checked="" type="checkbox"/> Construction	X	Name: JANE MEISSNER
Inspection \$	<input type="checkbox"/> HVAC		Exp: #215930
Wis. Permit Seal \$	<input type="checkbox"/> Electrical		Cert No. 715-245-1708
Other \$	<input type="checkbox"/> Plumbing		Email: Naturesedgeinspections.com
Total \$ 150	<input type="checkbox"/> Erosion Control		

SITE INFO

SUBDIVISION _____
 LOT NO. _____ BLOCK NO. _____
 ZONING DISTRICT _____
 _____ 1/4, _____ 1/4, SEC _____, T _____, N, R _____ E or W
 PARCEL NO. 024-02381.000
 SETBACKS:
 FRONT N/A ft REAR _____ 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

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

PERMIT # PE 26-11

~~Const~~ ^{RAZE} HVAC Elect Plumb Erosion

Project: Raze Structure

INSPECTIONS

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

Issued To

OWNER (AGENT) M. Meyer PHONE _____
 BUILDING SITE ADDRESS N 2158 Shore Dr.
 CITY, VILLAGE, TOWN WESHTIGO

CONTRACTORS

NAME	CREDENTIAL #	PHONE
<u>G.C. D. Behrens Construction Inc</u>		
HVAC		
ELECT.		
PLBG		
MSTR ELECT		

Issued by

PERSON ISSUING JANE MEISSNER CERT. NO. #045930
 DATE ISSUED 3/3/26 TELEPHONE 715-245-1708
Naturesegeinspections.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 26-11

Parcel No.
024-02381.000

PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other: **RAZING**

Owner's Name: **Mary Meyer** Mailing Address: **N2158 Shore Dr, Marinette WI 54143** Email: Tel: **715-938-0456**

Contractor Name & Type: **David Behrens Construction Inc.** Lic/Cert# Exp Date: Mailing Address: **N6158 State Hwy 180, Marinette WI 54143** Tel. & Email: **715-735-3035, pattibehrens708@gmail.com**

Dwelling Contractor (Constr.): **David Behrens Construction Inc.**

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

HVAC

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 **Peshigo** 1/4, 1/4, of Section _____ T _____ N, R _____ E/W

Building Address: **Same** County: Subdivision Name: Lot No.: Block No.:

Zoning District(s): Zoning Permit No.: Setbacks: Front **N/A** ft. Rear ft. Left ft. Right ft.

1. PROJECT New Alteration Addition Repair Raze Move Other

2. AREA INVOLVED (sq ft)

	Unit 1	Unit 2	Total
Unfin. Bsmt.			
Living Area			
Garage			
Deck/Porch			
Totals			

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** \$

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

10. SEWER Municipal Sanitary Permit # **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): **Pat L. Behrens - v. Pres.** *Pat L. Behrens* DATE: **03/02/2026**

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 **Peshigo** Village of City of County of **MRAT** State **WI** State-Contracted Inspection Agency#: Municipality Number of Dwelling Location: **38024**

FEES:

	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review	<input checked="" type="checkbox"/> Construction		Name: JANE MEISSNER
Inspection	<input type="checkbox"/> HVAC RAZE		Date: 3/3/26
Wis. Permit Seal	<input type="checkbox"/> Electrical STRUCTURE X		Tel: 715-245-1708
Other	<input type="checkbox"/> Plumbing		Cert No. Nature's Edge Inspections.com
Total	<input type="checkbox"/> Erosion Control		Email:

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

SITE INFO

SUBDIVISION _____
 LOT NO. _____ BLOCK NO. _____
 ZONING DISTRICT **R-1**
SE 1/4, SE 1/4, SEC 12, T 29, R 23 E or W
 PARCEL NO. **024-00277.002**
 SETBACKS:
 FRONT **42 (R.O.W.) 15** ft
 LEFT **15** ft RIGHT **15 (min:)** ft

Work shall not proceed until the inspector has approved the various stages of construction or the 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 26-12**



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, Gar, Porch**

Issued To: **R. Kruckman** (OWNER/AGENT) PHONE _____
 BUILDING SITE ADDRESS: **N985 Brooke Ln**
 CITY, VILLAGE, TOWN: **Peshigo**

CONTRACTORS

NAME	CREDENTIAL #	PHONE
Owner		
PHC		
T. Kitelinger		
PHC.		
MSTR ELECT		

Issued by: **JANE MEISSNER** PERSON ISSUING
 DATE ISSUED: **3/5/26** # **716-245-1708** CERT. NO. _____
www.wisconsininspections.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 NW SW
 1/4, SEC 35, T 30, N, R 23 E or W
 PARCEL NO. 24-01782-008
 SETBACKS:
 FRONT 60 (75) REAR 40 ft
 LEFT 400 ft RIGHT 130 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 26-14

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

INSPECTIONS

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

Constr HVAC Elect Plumb Erosion

Project:

Garage

Issued To	OWNER (AGENT) <u>A. LACount</u>	PHONE
	BUILDING SITE ADDRESS <u>N 1880 Dahl Rd</u>	
	CITY, VILLAGE, TOWN <u>KESHIGO</u>	

CONTRACTORS

NAME	CREDENTIAL #	PHONE
GC. <u>Helmle Const. + Concrete LLC</u>		
HVAC		
ELECT.		
PLBG		
MSTR ELECT		

Issued by	PERSON ISSUING <u>Jane Meissner</u> #945930	CERT. NO.
	DATE ISSUED <u>3/10/26</u>	RELEASING AGENCY <u>Neubuildinginspector@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.

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. <u>PE 26-14</u> Parcel No. 024-01782.008
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PERMIT REQUESTED Constr. HVAC Electric Plumbing Erosion Control Other:

Owner's Name Andrew LaCount	Mailing Address N1880 Dahl Rd, Marinette, WI 54143	Email: a.j.lacount@gmail.com	Tel. 920-615-4909
--------------------------------	---	---------------------------------	----------------------

Contractor Name & Type	Lic/Cert# Exp Date	Mailing Address	Tel. & Email
Dwelling Contractor (Constr.) Helmle Construction & Concrete LLC	090700342-DCQ 9/18/2027	3091 Sandalwood Rd, Abrams, WI 54101	920-370-5408 Helmle@bayland.net

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

HVAC

Electrical Contractor Jesse Fischer, Journeyman Electrician	1272546-JE 6/30/2026	7485 Sandy Alberts Ln, Sobieski, WI 54171	920-609-1649 cameron@precisioncontrols
--	-------------------------	---	---

Electrical Master Electrician
TBD

Plumbing

STORAGE ONLY

PROJECT LOCATION Lot area: 588,060 Sq.ft. One acre or more of soil will be disturbed Town City of Peshigo Village

Building Address: N1880 Dahl Rd, Marinette, WI 54143 County: Marinette Subdivision Name: NW 1/4, SW 1/4, of Section 35, T T30 N, R R23 E/W Lot No. Block No.

Zoning District(s): Zoning Permit No.: Man made pond Setbacks: Front: 60 ft. Rear: 40 ft. Left: 400 ft. Right: 130 ft.

1. PROJECT New Alteration Addition Repair Raze Move Other

2. AREA INVOLVED (sq ft)	Unit 1	Unit 2	Total
Unfin. Bsmt.			
Living Area			
Garage	1,920 sq ft		
Deck/Porch			
Totals	1,920 sq ft		

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** \$ 85,000

8. WALLS Wood Frame Steel ICF Timber/Pole Other **9. ELECTRIC** Panel Amps: 200A Underground Overhead

10. SEWER Municipal Sanitary Permit # **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:) Andrew LaCount **Sign:** Andrew J LaCount **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	<input type="checkbox"/> Town of <input type="checkbox"/> County of <input type="checkbox"/> Village of <input type="checkbox"/> State <input type="checkbox"/> City of	State-Contracted Inspection Agency#:	Municipality Number of Dwelling Location <u>38-024</u>
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FEES:	PERMIT(S) ISSUED	WIS PERMIT SEAL #	PERMIT ISSUED BY:
Plan Review \$ Inspection \$ Wis. Permit Seal \$ Other \$ Total \$ <u>192.00</u>	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> HVAC <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control		Name: <u>JANE MEISSNER</u> Date: <u>715-245-1708</u> Cert No.: <u>naturesedgeinspections.com</u> Email:

TOWN OF PESHTIGO FIRE NUMBER APPLICATION

Fire Number Application # 26-15

Date Received 3/28/26

By Messner

Please complete all areas of application that are applicable
Tax Parcel Number 24-1522.2 (can obtain from tax bill)
Legal Description: Sec. _____ T. _____ N. R. _____ E.

Property Owner Name Crosscut Maintenance Services LLC Email crosscutmaintenance@gmail.com

Phone # 906-250-2944

Road Name COUNTY HWY

Owner's Permanent Mailing Address

W3390 ROBERT RIDGE RD

CMS Custom Homes
W3390 Robert Ridge Road
Peshigo, WI 54157

3-26 2026

1160
79-101/7

Pay to the Order of NATURES EDGE \$ 75⁰⁰
SEVENTY-FIVE ^{NO}/₁₀₀ Dollars

Stephenson National Bank

\$75.
Make check payable to Natu
W11954 Kitty Dell C

26-15
For FIRE # W1807 Cnty B



⑆07590101⑆ ⑆0117178545⑆ 1160

Signature of Applicant

Date 3-26-26

Approved Messner

Date 3/28/26

Fire Number Assigned W1807 Cnty Rd B.

Pa ck# 1160 75.00
3/28/26

Data last revised
03/20/2026

County Rd B

Owner(s)

Mailing Address

Parcel Number: **024-01522.002**

**JOSHUA
JESSEL**

N1867
DREES RD,
PESHTIGO,

