

TOWN OF PESHTIGO

2025

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

25-26	Matthew G. Siegwart	024-00849.034	New electric Service
25-27	Alexander Lemery	To be determined	Fire Number W1430 Rolling Hill Ln – Lot 22
25-28	City Limits C-Store	024-02492.002	Addition
25-29	Tom Westlund	024-01856.003	Blacktop with culvert
25-30			
25-31	Tebo, Thomas	024-02146.000	Raze home
25-32	Pickl, Ken	024-01772.000	Shed/carport
25-33	Pudg Soderberg	024-01840.003	Electrical service
25-34	Kodric, Mike	024-00502.007	Garage
25-35	Leonchik, Caleb	024-02475.000	Remodel
25-36	Hintz, Gabe	024-01561.001	Generator/transfer switch
25-37	Stubenvoll, Emil	024-01365.004	Deck

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 29-01

Parcel No. 024-00989.004

Permit Fee 40 -

Check No. 11216

Date: 1-4-2025

Owner/Contractor D+L Signs Inc
Project Type Replace sign panels Phone Number 715-359-8846
Project Address W1390 Old Peshtigo Road, Marinette
Comments _____ Email service@dlsignsinc.com

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other <u>Sign</u>	☒ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ <u>500</u>			

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

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

Contractor D+L Signs Inc Address 5906 Saxon Ave Telephone 715-359-8846
Email service@dlsignsinc.com Weston WI 54476
Architect/Designer N/A Address _____ Telephone _____

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

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

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 23-02

Parcel No. 24-1770.5(1st1)

Permit Fee 75-

Check No. 1189

Date: 1-4-2025

Owner/Contractor Baker & Sons builders LLC
Project Type Fire Number Phone Number 715 938 0298
Project Address W1441 Rolling Hill Lane
Comments _____ Email bryanpolzin19@hotmail.com

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☐ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ _____			

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

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

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) _____ Applicant (print) Bryan Lauritzen

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

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

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

** Please assign W1441 *
Rolling Hill Ln*

8-25-20

Rolling Hill Lane

W1500
at Keller Road.

COUNTY SURVEYOR
RECEIVED

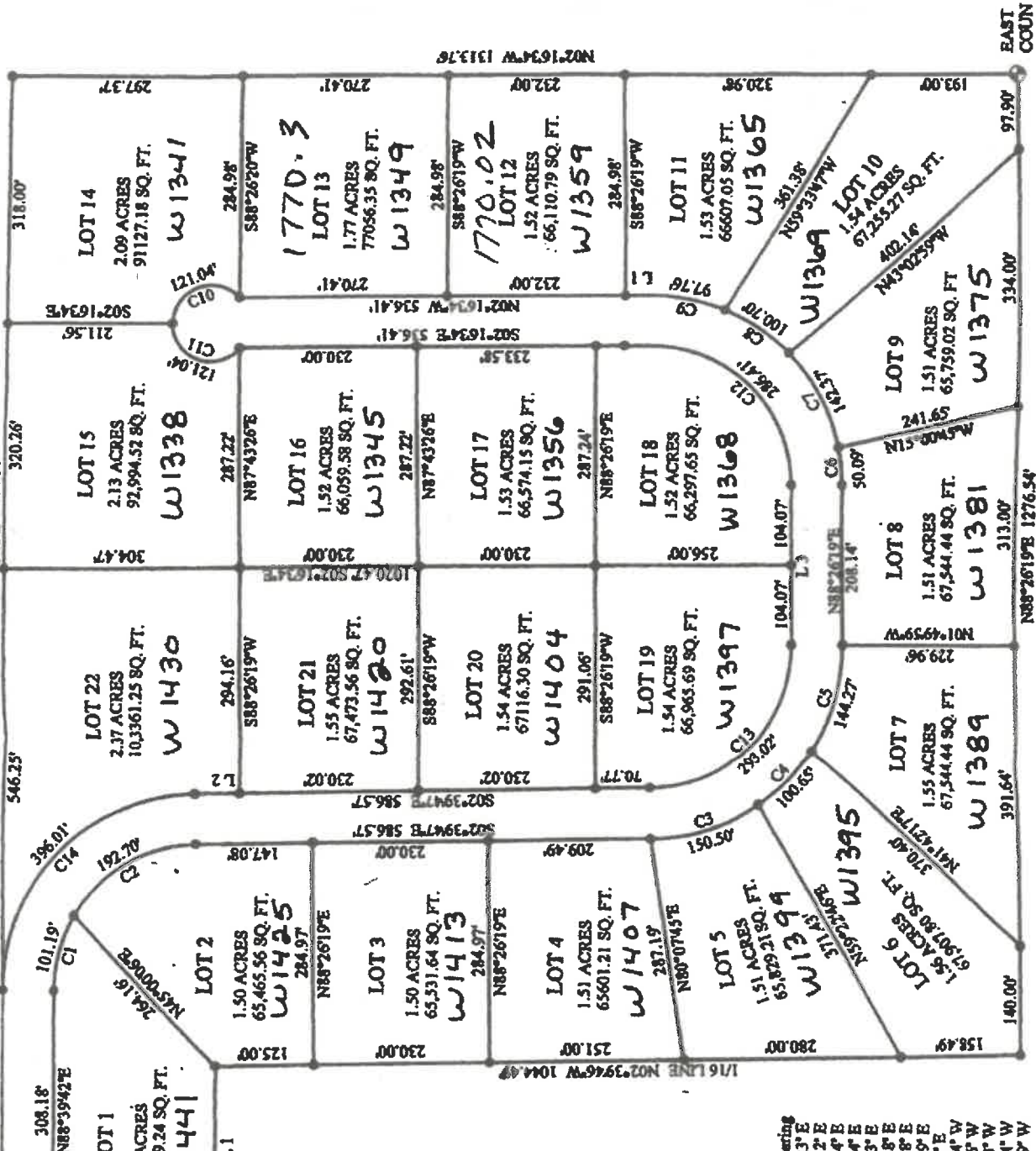
JAN 29 2001

MARINETTE COUNTY

BY

W1441

Please
assign
W1441
BL



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

Chord	Bearing	Distance
101.19	S 76°03'23\"E	100.00
192.70	S 31°43'42\"E	184.54
150.50	S 19°34'54\"E	148.32
100.65	S 47°48'44\"E	100.00
144.27	S 75°20'33\"E	142.35
50.09	N 82°37'38\"E	50.00
142.37	N 32°05'39\"E	140.40
100.70	N 60°17'48\"E	100.00
97.76	N 9°04'03\"E	97.12
121.04	N 22°55'34\"W	93.38
286.41	S 18°22'26\"W	93.38
293.02	S 43°04'53\"W	237.42
396.01	N 47°06'44\"W	264.50
	N 46°59'29\"W	337.67

CERTIFICATE

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 29-03

Parcel No. 24-1770.8

Permit Fee 75 -

Check No. 1190

Date: 1-4-2025

Owner/Contractor	<u>Brick & Sons Builders LLC</u>		
Project Type	<u>Fire Number</u>	Phone Number	<u>715-938-0298</u>
Project Address	<u>W1407 Rolling Hill Lane</u>		
Comments	Email <u>bryanpolzin19@hotmail.com</u>		

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☐ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ _____			

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

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

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) _____ Applicant (print) Bryan Polzin

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

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

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

** Please assign W1407 Rolling Hill Ln **

8-25-20

Rolling Hill Lane

W1500
at Keller Road.

COUNTY SURVEYOR
RECEIVED

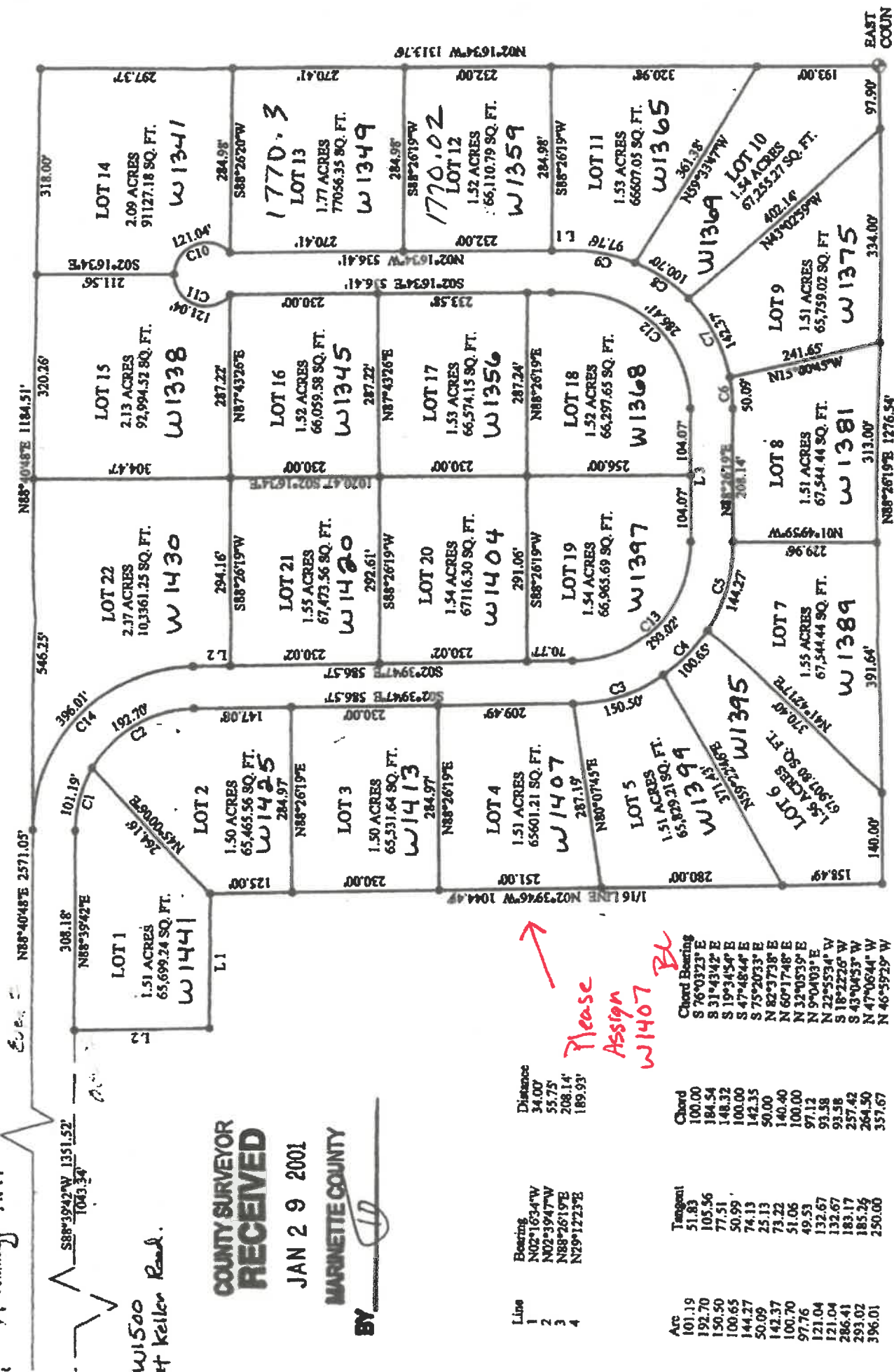
JAN 29 2001

MARINETTE COUNTY

BY

[Signature]

W 1300



Line	Bearing	Distance
1	N02°16'34"W	34.00'
2	N02°39'47"W	55.75'
3	N88°26'19"E	208.14'
4	N79°12'23"E	189.93'

Chord	Tangent
101.19	51.83
192.70	100.00
150.50	184.54
100.65	148.32
144.27	100.00
50.09	74.13
142.37	25.13
100.70	73.22
97.76	51.06
121.04	49.53
286.41	132.67
293.02	132.67
396.01	183.17
	185.26
	264.50
	357.67

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 29-04

Parcel No. 024-00023.00

Permit Fee 75-

Check No. 2280

Date: 1-13-2025

Owner/Contractor <u>Dan Gantler</u>	
Project Type <u>Fire Number</u>	Phone Number <u>920-903-2005</u>
Project Address <u>Hale School Rd. Town of Peshtigo</u>	
Comments _____ Email <u>ginger@new.r.r.com</u>	
Application Type	Type of Building
☐ New Building ☐ Addition ☐ Remodel - Interior ☐ Remodel - Exterior ☐ Deck	☐ One Family ☐ Two Family ☐ Multi-Family ☐ Commercial ☐ Other _____
☐ Moving ☐ Siding ☐ Fence Other _____	☐ Garage - Attached ☐ Garage - Separate
Estimated \$ _____	

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

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) _____ Applicant (print) _____

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

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

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

** Please assign W3426 Hale School Rd **
BL



Please assign W3426 Hale School Road

BUILDING PERMIT

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

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

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

Owner/Contractor <u>jed buechler</u>	
Project Type <u>lot parcel number 0240131.002</u>	Phone Number <u>7153308544</u>
Project Address _____	
Comments <u>need fire number</u>	Email <u>topfirefighter268@gmail.com</u>

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage – Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage – Separate
☐ Remodel – Interior	☐ Fence	☐ Multi-Family	
☐ Remodel – Exterior	Other _____	☐ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ _____			

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

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

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

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

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

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

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

** Please assign N2811 Roosevelt Rd **
BL

Mailing Address

Abbreviated Legal Description

No data available in table



* Please assign N2811 Roosevelt Rd. *

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-06

Parcel No. 24-882

Permit Fee 155 -

Check No. 1203

Date 2-24-2025

Owner/Contractor BANDY SCHROEDER / MITCH MARQUAROT

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

Project Address N3613 SCHACH Rd PESHTIGO

Comments _____ Email MMARQUAROT@MESLLCTRC.COM

TYPE OF BUILDING		APPLICATION TYPE	
☒ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire
☐ Two Family	☐ New Building	☐ Pool	☐ Basement
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel
☐ Other (specify) _____		☐ Other (specify) _____	☒ Other _____

CLASS OF SERVICE			
☐ New	Meters Required _____	☒ Single Phase	☐ Two Wire
☐ Service Change	Amp <u>200</u>	☐ Three Phase	☒ Three Wire
☐ Temporary	Voltage <u>120/240V</u>		☐ Four Wire

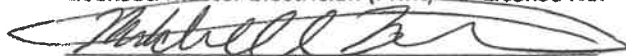
List a brief description of the work and the areas where the work will be conducted:

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

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

MITCHELL A. MARQUAROT #1246091

Licensed Master Electrician (Print) License No.



Signature of Applicant

MARQUAROT ELECTRIC

Electrical Contractor

P.O. BOX 71

Contractor Mailing Address

PESHTIGO WI 54157

City

State

ZIP

\$11,000

Estimated Cost

10 FEB 25

Date

(920) 599-0959

Contractor Telephone Number

Bryan Lauritzen

Electrical Inspector

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

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

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

Owner/Contractor Mark Benson / Eland Electric
Project Type Solar PV Install Phone Number (920) 388-6000 x113
Project Address N2046 Shore Drive
Comments _____ Email Cierruni@elandelectric.com

TYPE OF BUILDING		APPLICATION TYPE		
☒ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire	
☐ Two Family	☐ New Building	☐ Pool	☐ Basement	☐ New
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel	☐ Demo
☐ Other (specify) _____		☐ Other (specify) _____	☒ Other <u>Solar PV</u>	

CLASS OF SERVICE

☒ New	Meters Required <u>1</u>	☒ Single Phase	☒ Two Wire
☐ Service Change	Amp <u>200</u>	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage <u>240</u>		☐ Four Wire

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

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

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

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

[Signature]
Signature of Applicant

Eland Electric
Electrical Contractor

3154 Holmgren Wy
Contractor Mailing Address

Green Bay WI 54304
City State ZIP

\$20,500
Estimated Cost

2/11/25
Date

(920) 388-6000
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-08

Parcel No. 024-00989.004

Permit Fee 115

Check No. 42499

Date: 2.18.2025

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

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

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

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

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage – Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage – Separate
☐ Remodel – Interior	☐ Fence	☐ Multi-Family	
☐ Remodel – Exterior	Other <u>SIGN</u>	☒ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ <u>\$2,550.00</u>			

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

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back <u>275 ft</u>	☐ Frame <u>n/a</u>	☐ Full Bsmt <u>n/a</u>	☐ Concrete <u>n/a</u>
Side Yard <u>40 ft</u>	☐ Masonry	☐ Partial Bsmt	☐ Block
Side Yard <u>40ft</u>	☐ Steel	☐ Crawl Space	☐ Pier Supports-Per Engineering
Rear Yard <u>40 ft</u>	Exterior Finish <u>Brick</u>	☐ Frost Wall	☐ Steel ☐ Wood
		☐ Concrete Slab	☐ Posts No. _____

Contractor Elevate 97 Signs Address 1085 Parkview Road, Telephone 920-227-8277

Email sperera@elevate97.com Green Bay, WI 54304

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) Sarah Perera Applicant (print) Sarah Perera

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

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

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

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

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

Application Type		Type of Building	
☒ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☒ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☐ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ <u>\$15,000</u>			

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

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

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

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

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

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

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

Marinette County

Letter of Conditional Approval

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

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

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

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

Permit Conditionally Approved for:

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

Minimum Setback Requirements:

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

Applicable Zoning District(s):

Conditions of Permit Approval:

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

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

Ryan Parchim
February 18, 2025
Marinette County

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-10

Parcel No. 024-02316.000

Permit Fee 367-

Check No. 1177

Date: 2/23/25

Owner/Contractor <u>ZH Construction LLC</u>	
Project Type <u>Remodel (Basement)</u>	Phone Number <u>920-373-3371</u>
Project Address <u>N3587 Dr. Marinette, WI 54143</u>	
Comments <u>shore</u>	Email _____
Application Type	
☐ New Building	☐ Moving
☐ Addition	☐ Siding
☒ Remodel - Interior	☐ Fence
☐ Remodel - Exterior	Other _____
☐ Deck	
Estimated \$ <u>68,309.98</u>	
Type of Building	
☒ One Family	☐ Garage - Attached
☐ Two Family	☐ Garage - Separate
☐ Multi-Family	
☐ Commercial	
☐ Other _____	

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

Contractor ZH Construction LLC Address N3587 State Hwy 41 Telephone 920-373-3371

Email zhconstruction@yahoo.com P.O. Box 54161

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) Zach Hensberger Applicant (print) Zach Hensberger

State DC# 082200913 State DCQ# 111802163 Approved by Bryan Lauritzen

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-11

Parcel No. 024-02316.000

Permit Fee 135-

Check No. 1177

Date 2-13-25

Owner/Contractor Steve Delsart Electric LLC

Project Type wire Basement

Phone Number 920-713-3030

Project Address N2026 Shore Dr. Marinette WI. 54143

Comments _____

Email s.delsartelectric@gmail.com

TYPE OF BUILDING		APPLICATION TYPE		
☒ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire	
☐ Two Family	☐ New Building	☐ Pool	☒ Basement	☐ New
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel	☐ Demo
☐ Other (specify) _____		☐ Other (specify) _____		☐ Other _____

CLASS OF SERVICE			
☐ New	Meters Required _____	☐ Single Phase	☐ Two Wire
☐ Service Change	Amp _____	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage _____	☒ <u>EXISTING</u>	☐ Four Wire

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

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

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

Steven L. Delsart
Signature of Applicant

Steven L Delsart
Electrical Contractor

W11732 Chesapeake Run
Contractor Mailing Address

Crivitz WI. 54114
City State ZIP

9,000.00 Approx

Estimated Cost

2-13-25

Date

920-713-3030

Contractor Telephone Number

Ryan Lauritzen
Electrical Inspector

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

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

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-12

Parcel No. 024-02316.000

Permit Fee 111-

Check No. 1177

Date 3-26-25

Owner/Contractor _____

Project Type _____

Phone Number _____

Project Address N4026 Shore Dr

Comments _____

Email _____

TYPE OF BUILDING

☐ One Family

☐ Multi-Family

☐ Two Family

☐ Commercial

☐ Other (specify) _____

APPLICATION TYPE

☐ New Building

☒ Remodeling

☐ Other (specify) _____

WATER CLOSETS

WASH BASINS

BATH TUBS

SHOWER STALLS

SINKS

DISPOSALS

DISHWASHERS

GREASE INTERCEPTORS

DRAIN TILE RECEIVERS

SITE DRAINS

CLOTHES WASHERS

LAUNDRY TRAYS

WATER HEATERS

FLOOR DRAINS

SUMP PUMPS

WHIRLPOOL TUBS

URINALS

BAR SINKS

GARAGE DRAINS

OTHER X

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

Tim Soper

Licensed Master Plumber (Print)

License No. 227502

\$6625

Estimated Cost

Signature of Applicant

KS Plumbing

Plumbing Contractor

6081 Klaus Lake Rd

Contractor Mailing Address

Gillette WI 54124

City

State

ZIP

Date

920-598-0021

Contractor Telephone Number

Bryan Laurita

Plumbing Inspector

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-13

Parcel No. 024-01758.600

Permit Fee 190-

Check No. 1424

Date 3-31-2025

Owner/Contractor Carole Behnke

Project Type Generator Installation Phone Number 715-732-1543

Project Address W2090 Krause Road Marinette

Comments _____ Email Chelsea @ adamspower.com

TYPE OF BUILDING		APPLICATION TYPE	
☒ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire
☐ Two Family	☐ New Building	☐ Pool	☐ Basement
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel
☐ Other (specify) _____		☒ Other (specify) <u>Generator</u>	☐ Demo
			☐ Other _____

CLASS OF SERVICE			
☐ New	Meters Required _____	☐ Single Phase	☐ Two Wire
☒ Service Change	Amp <u>200</u>	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage <u>240</u>		☐ Four Wire

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

Generator install with automatic transfer switch

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

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

Chelsea Ostrowski
Signature of Applicant

Adams Electric
Electrical Contractor

801 N Wisconsin St
Contractor Mailing Address

Elkhorn WI 53121
City State ZIP

14,592
Estimated Cost

3/14/25
Date

715-907-8418
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-14

Parcel No. 024-01998.001

Permit Fee 75-

Check No. 17610

Date: 3/20/25

Owner/Contractor <u>Keith & Cathy Malmstadt</u>	
Project Type <u>Building new seasonal home</u>	Phone Number <u>Keith (616) 321-0292</u>
Project Address <u>Shore Dr, Marinette</u>	
Comments <u>Fire Number</u>	Email <u>kmalmstadt@greatlakewoods.com</u>
Application Type	Type of Building
☒ New Building ☐ Addition ☐ Remodel - Interior ☐ Remodel - Exterior ☐ Deck ☐ Moving ☐ Siding ☐ Fence Other _____	☒ One Family ☐ Two Family ☐ Multi-Family ☐ Commercial ☐ Other _____ ☒ Garage - Attached ☐ Garage - Separate
Estimated \$ <u>600K</u>	

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

Contractor NHC Homes Corp Address 5050 Hwy 141, Oconto, WI 54153 Telephone 920-373-2211

Email info@nhcbuilds.com

Architect/Designer WST Design - Wes Tennant Address 1767 Bridge Port Lane, De Pere Telephone 920-819-0069

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

Applicant (signature) Traci Picard Applicant (print) Traci Picard / Agent

State DC # 020800114 State DCQ # 020800131 Approved by Bryan Lauritzen

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

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

* Please assign N1208 to 24-1998.1 *

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-15

Parcel No. 024-01148.010

Permit Fee 169 -

Check No. 340

Date: 4-4-2025

Owner/Contractor TONY GRIFFIN/WISCONSIN CARPORTS OWNER - 985-860-3820
Project Type STEEL BUILDING/WORK SHOP/GARAGE Phone Number 262-383-4347 -CONT
Project Address N3RD DEER HAVEN CT PESHTIGO, WI 54157
Comments _____ Email tcgriffin316@yahoo.com

Application Type		Type of Building	
☒ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☒ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☐ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ <u>52,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension <u>28' x 48' x 14'</u>	1 st Floor ☒	Front _____	☐ Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	☒ Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type <u>RESIDENTIAL</u>
No. Stories <u>1</u>	Volume _____	Rear Yard ☒	Size <u>2.17 ACRES</u>
Height <u>14'</u>	Total Area <u>1344 SFT</u>		Area _____

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

Contractor WISCONSIN CARPORTS Address RACINE WI 53404 Telephone 262-383-4347

Email SALES@WISCONSINCARPORTS.COM

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

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

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

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

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

SUBDIVISION

LOT NO.: 1

BLOCK NO.:

ZONING DISTRICT:

SITE INFO

SETBACKS:

FRONT: 130

REAR: 170

LEFT: 20

RIGHT: 120

PARCEL NO.

024-01998.001

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

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

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM

BUILDING PERMIT

#: 25-16

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

567941

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

Project:

Issued To

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

Issued By

PERSON ISSUING: Bryan Lauritzen
CERT. NO: 121900098 - UDC
DATE ISSUED: 2025-04-18
PHONE: (920) 373-7598

Comments:

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

024-01998.001



(/dashboard)

L

Wisconsin Department of Safety and Professional Services Division of Industry Services



Online Building Permit System

[APPROVE](#)[DENY](#)[DELETE](#)[CLICK HERE FOR PRINT](#)

Below is the summary of the filed Permit by the Submitter. To edit, use the previous button to navigate thru sections of the permit application.

[<< PREVIOUS](#)

JURISDICTION : Town of PESHTIGO

PROJECT TYPE : New

PERMITS : Construction HVAC Electric Plumbing

PARCEL NUMBER : 024-01998.001

Owner

NAME : Keith & Cathy Malmstadt

ADDRESS 758 Wintersn Place, Holland, 49424

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

Contractors

DWELLING CONTRACTOR

NAME : NICK HOLTGER CONSTRUCTION CORPORATION

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

ADDRESS 5050 HIGHWAY 141, OCONTO, 54153

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

DWELLING CONTRACTOR QUALIFIER

NAME : NICHOLAS NATHAN HOLTGER

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

ADDRESS 5050 US Highway 141, Oconto, 54153

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

HVAC CONTRACTOR/QUALIFIER

NAME : REINHARDTHEATING & COOLING LLC

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

ADDRESS 421 IRONWOOD CT, OCONTO, 54153

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

ELECTRICAL CONTRACTOR

NAME : JTC IDEAL ELECTRIC INC

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

ADDRESS 1396 PLANE SITE BLVD, DE PERE, 541159033

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

ELECTRICAL MASTER ELECTRICIAN

NAME : CURT J YAKEL

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

ADDRESS 630 SARATOGA ST, GREEN BAY, 543034438

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

MASTER PLUMBER

NAME : KENNETH KLIMEK

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

ADDRESS 7122 SPRING LAKE RD, SOBIESKI, 54171

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

SUBMITTER

NAME : Traci Picard

ADDRESS 5050 Hwy 141, Oconto, 54153

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

LOT AREA

AREA 93218.40 SQ. FT.

1 OR MORE ACRES SOIL WILL BE DISTURBED false

LOCATION : Town of PESHTIGO

Description

Section 7, T29N, R24E

BUILDING

ADDRESS : N1208 Shore Dr , Marinette, 54143

COUNTY Marinette SUBDIVISION LOT NO. 1 BLOCK NO.

ZONING

DISTRICT : PERMIT NUMBER : 9701Z

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

PROJECT INFORMATION

1. PROJECT TYPE : New

2. AREA:

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

3. OCCUPANCY : One Family

4. CONSTRUCTION TYPE :Site Built,

- 5. STORIES :1-Story
- 6. ELECTRIC :Entrance Panel Amps 200, Underground
- 7. WALLS :Wood Frame
- 8. USE :Seasonal
- 9. HVAC EQUIP :Furnace Central AC
- 10. SEWER :Sanitary Permit , 530507
- 11. WATER :On-Site Well
- 12. ENERGY SOURCE :
 Space Htg :
 Water Htg : Nat Gas ,
- 13. HEAT LOSS :245000
- 14. EST. BUILDING COST w/o LAND :600000.00

I understand that I: am subject to all applicable codes, laws, statutes and ordinances, including those described on the reverse side of the last ply of this form; am subject to any conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. If one acre or more of soil will be disturbed, I understand that this project is subject to ch. NR 151 regarding additional erosion control and stormwater management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

☒ I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply of this form.

SIGN/PRINT NAME:

DATE

CONTACT ([HTTPS://DSPS.WI.GOV/PAGES/PROGRAMS/CONTACTS.ASPX](https://dsps.wi.gov/pages/programs/contacts.aspx))

PRIVACY NOTICE ([HTTPS://WWW.WISCONSIN.GOV/PAGES/POLICIES.ASPX](https://www.wisconsin.gov/pages/policies.aspx))

WWW.WISCONSIN.GOV ([HTTP://WWW.WISCONSIN.GOV](http://www.wisconsin.gov))

PLUMBING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-17

Parcel No. 024-01897.045

Permit Fee 145-

Check No. 1152

Date 4-20-2025

Owner/Contractor Justin Tuma

Project Type New Garage

Phone Number 906-290-0824

Project Address W910 Edwards Ave

Comments owner of Project Harold Bergstrom

Email Tumasplumbing@gmail.com

TYPE OF BUILDING

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

APPLICATION TYPE

- ☒ New Building
☐ Remodeling
☐ Other (specify) _____

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

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

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

Justin Tuma
Signature of Applicant

Tuma's Plumbing
Plumbing Contractor

P.O. Box 204
Contractor Mailing Address

Menominee MI 49858
City State ZIP

10,000
Estimated Cost

3-10-25
Date

906-290-0824
Contractor Telephone Number

Bryan Lauritzen
Plumbing Inspector

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

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

45+100

\$45

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-18

Parcel No. 004-01568.000

Permit Fee 175-

Check No. 4869

Date: 4-20-2025

Owner/Contractor Matthew Gullicksen
Project Type Deck Replacement Phone Number (715) 938-3018
Project Address W2714 County Road B
Comments _____ Email mr.gullicksen@gmail.com

Application Type		Type of Building	
☐ New Building	☐ Moving	☒ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☐ Commercial	
☒ Deck		☐ Other _____	
Estimated \$ <u>2000.00</u>			

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

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

Contractor Owner Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) Matthew Gullicksen Applicant (print) Matthew Gullicksen

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen - see note on Deck plan.

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-19

Parcel No. 024-01084.002

Permit Fee 125-

Check No. 42687

Date: 4-28-2025

Owner/Contractor Chad Koehne-owner / Elevate 97 sign contractor
Project Type Installation of new signs Phone Number sign contractor: Sarah 920-227-8277
Project Address W1740 US HIGHWAY 41 PESHTIGO, WI 54143 Owner: Chad Koehne - 715-732-6501
Comments _____ owner: SVANLANEN@KOEHNEM.COM
Email _____

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other <u>New signs</u>	☒ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ <u>\$20,000</u>			

Building Size Information		Set Backs	Lot Information
please see attached drawings		Accessory Building	
O.A. Dimension _____	1 st Floor _____	Front _____	☐ Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	☐ Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

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

Contractor Elevate 97 / Sarah Perera Address 1085 Parkview Rd., Green Bay, WI 54304 Telephone 920-227-8277

Email sperera@elevate97.com

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) Sarah Perera Applicant (print) Sarah Perera

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

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

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



Proposed New Faces



SPECIFICATIONS

FACE REPLACEMENTS

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

*Remove Existing COZZY'S Faces

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

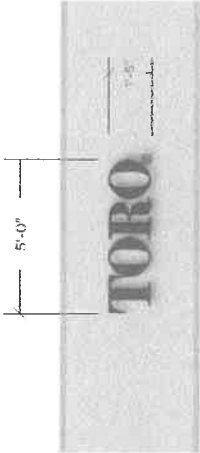
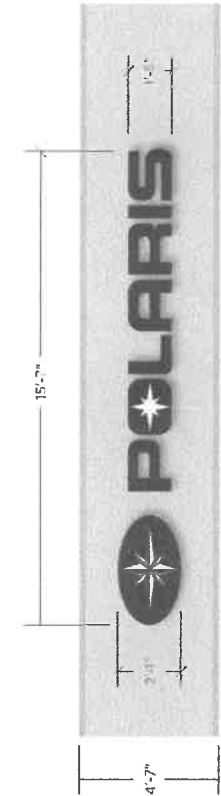


Night View

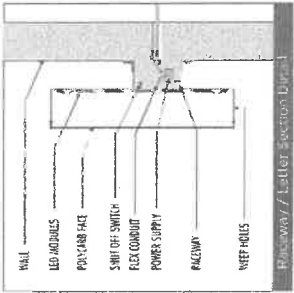


Remove All Existing Logo Signs (Qty: 3)

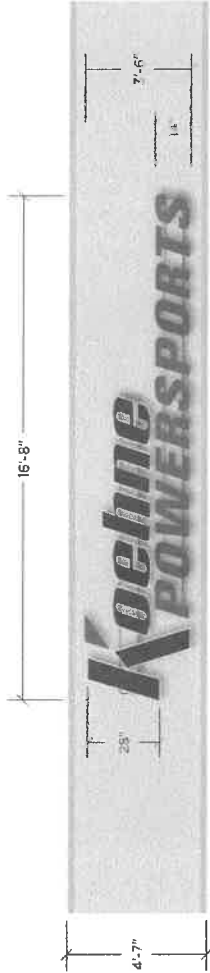
Proposed Channel Letters



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



Raceway / Letter section Draw 1



Raceway Painted to Match Building - MP02972

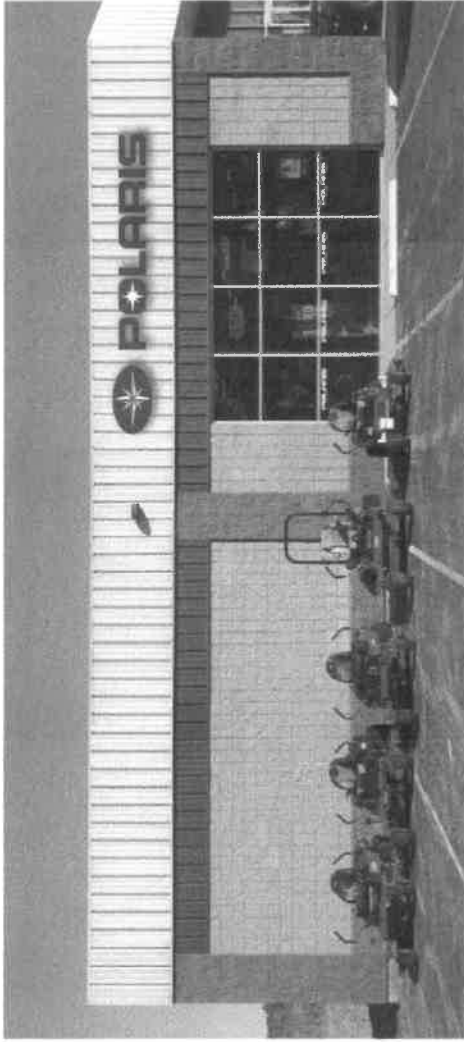
SPECIFICATIONS

FACE-LIT CHANNEL LETTERS

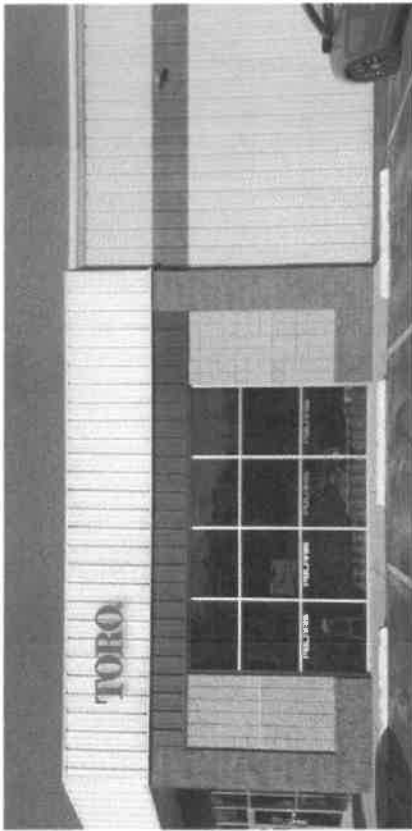
Face Material: White Acrylic
Graphics: Translucent Vinyl 3630-63
Blue w/ White Outline & Translucent Vinyl 3630-33 Red
Return Depth: 5"
Return Color: Pre-finished White
Illumination: White LED's
Mount: Raceway Mount to Building.
Raceway Color: Paint to Match Building - MP02972

300 Sq. Ft.
Max Building Signage
Allowed by Code

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



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



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

ProCheck Inspections, LLC

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

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

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

TYPE OF BUILDING		APPLICATION TYPE		
☐ One Family	☐ Multi-Family	☒ Separate Garage	☐ Rewire	
☐ Two Family	☒ New Building	☐ Pool	☐ Basement	☐ New
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel	☐ Demo
☐ Other (specify) _____		☐ Other (specify) _____	☐ Other _____	

CLASS OF SERVICE			
☐ New	Meters Required _____	☐ Single Phase	☐ Two Wire
☐ Service Change	Amp _____	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage _____		☐ Four Wire

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

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

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

10,000
Estimated Cost

Signature of Applicant

Drees Electric Inc

Electrical Contractor

1625 Marinette Ave

Contractor Mailing Address

Marinette WI 54143
City State ZIP

Date

715-923-4332

Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

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

Owner/Contractor	<u>PAUL Fritz</u>		
Project Type	<u>Shed</u>	Phone Number	<u>715-923-3916</u>
Project Address	<u>N 2287 HALE Rd Res HTigo WI 54151</u>		
Comments	<u>24' x 36' Shed</u>	Email	

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other <u>SHEd</u>	☐ Commercial	
☐ Deck	(<u>24' x 36'</u>)	☐ Other	
Estimated \$			

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

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

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) Paul Fritz Applicant (print) PAUL Fritz

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

Permit No. 25-22

Parcel No. 024-01856.003

Permit Fee 175-

Check No. 4904

Date 5-12-2025

Owner/Contractor Mueller Electric LLC

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

Project Address N2716 Stanley Ln Marinette WI 54143

Comments Thomas Westlund Email heath@muellerelectric.com

TYPE OF BUILDING		APPLICATION TYPE	
☒ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire
☐ Two Family	☐ New Building	☐ Pool	☐ Basement
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel
☐ Other (specify) _____		☐ Other (specify) _____	☒ Other <u>Generator install</u>

CLASS OF SERVICE			
☐ New	Meters Required _____	☒ Single Phase	☐ Two Wire
☐ Service Change	Amp <u>200amp</u>	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage _____		☐ Four Wire

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

Installation of 20KW generator and 200amp automatic transfer switch

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

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

[Signature]
Signature of Applicant

Mueller Electric LLC
Electrical Contractor

W6330 Loomis Rd
Contractor Mailing Address

Porterfield WI 54159
City State ZIP

14000.00
Estimated Cost

5-9-25
Date

715-854-2532
Contractor Telephone Number

Brian Lauritzen
Electrical Inspector

Bryan Lauritzen

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-23

Parcel No. 024-01132 000

Permit Fee 147-

Check No. 28742

Date: 5-12-2025

Owner/Contractor Joshua Beyer

Project Type Add On

Phone Number 715-330-2979

Project Address N3050 Schacht Rd.

Josh+go WI 54157

Comments _____ Email JoshuaBeyer22@gmail.com

Application Type		Type of Building	
☐ New Building	☐ Moving	☒ One Family	☐ Garage - Attached
☒ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☐ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ <u>5,500</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
G.A. Dimension _____	1 st Floor _____	Front _____	☐ Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	☐ Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area <u>1232</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	☒ Frame	☐ Full Bsmt	☐ Concrete
Side Yard _____	☐ Masonry	☐ Partial Bsmt	☐ Block
Side Yard _____	☐ Steel	☒ Crawl Space	☐ Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	☐ Frost Wall	☐ Steel ☒ Wood
		☐ Concrete Slab	☐ Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

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

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54163

920-373-7598

procheckwi@gmail.com

Permit No. 25-24
Parcel No. 024-01132 000
Permit Fee 90 -
Check No. 28742
Date 5-12-2025

Owner/Contractor Joshua J. Beyer
Project Type Add on Phone Number 715 330 2979
Project Address N 3050 Schacht Rd Ash Grove WI 54157
Comments _____ Email Joshua.Beyer22@gmail.com

TYPE OF BUILDING		APPLICATION TYPE	
☒ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire
☐ Two Family	☐ New Building	☐ Pool	☐ Basement
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel
☐ Other (specify) _____		☐ Other (specify) _____	☐ Other _____

CLASS OF SERVICE			
☒ New	Meters Required _____	☐ Single Phase	☐ Two Wire
☐ Service Change	Amp _____	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage _____		☐ Four Wire

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

New sub panel - lighting and outlets in

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

Licensed Master Electrician (Print) _____ License No. _____

[Signature]
Signature of Applicant

450 -
Estimated Cost

4-2-25
Date

Electrical Contractor _____

Contractor Telephone Number _____

Contractor Mailing Address _____

Bryan Lawton
Electrical Inspector

City _____ State _____ ZIP _____

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

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

#25-25

Work shall not proceed until the inspector has approved the various stages of construction or two business days have been elapsed since the day of inspection request. This permit will expire in 24 months after the date of issuance if the building's exterior has not been completed. **Keep this card posted until final inspection has been made.** (WI Stats. 101.63)

WISCONSIN UNIFORM

BUILDING PERMIT

#: 25-25

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

Constr.	HVAC	Elect	Plumb	Erosion
X	X	X	X	

Project:

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

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

Comments:

#024-00023

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

#25-25

SITE INFO	
SUBDIVISION	
LOT NO.:	
BLOCK NO.:	
ZONING DISTRICT:	
SETBACKS:	
FRONT: 144	
REAR: 100	
LEFT: 100	
RIGHT: 100	

PARCEL NO.	
024-00023	

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Owner/Contractor MATTHEW G. SIEGWARD
Project Type RV HOOK UP / ELECTRIC Phone Number 906-250-2944
Project Address W3260 LAUREN LN PESHAWAR, WI 54137
Comments _____ Email msiegward84@gmail.com

TYPE OF BUILDING		APPLICATION TYPE	
☐ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire
☐ Two Family	☐ New Building	☐ Pool	☒ New
☐ Commercial / Industrial		☐ Hot Tub	☐ Demo
☒ Other (specify) <u>RV</u>		☐ Other (specify) _____	☐ Other _____

CLASS OF SERVICE			
☒ New	Meters Required <u>1</u>	☒ Single Phase	☐ Two Wire
☐ Service Change	Amp <u>200</u>	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage _____		☐ Four Wire

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

NEW ELECTRIC SERVICE TO RV HOOK UP

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

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

[Signature]
Signature of Applicant

1120020
Electrical Contractor

1883 LIS HWY 2
Contractor Mailing Address

FLORENCE WI 5421
City State ZIP

\$2,000⁰⁰
Estimated Cost

4-21-25
Date

715-889-3766
Contractor Telephone Number

Bryan Lauritzen
Electrical Inspector

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-27

Parcel No. Lot 22

Permit Fee 75-

Check No. 1169

Date: 5-27-2025

Owner/Contractor Alexander Lemery
Project Type Driveway / Fire number Phone Number 715-923-9324
Project Address _____
Comments driveway permit and Fire number Email AlexLemery1422@gmail.com

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☐ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ _____			

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

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

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) Alexander Lemery Applicant (print) Alexander Lemery

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

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

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

* Please assign W1430 Rolling Hill Ln *

* Please see attached Driveway/culvert ordinance *

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-28

Parcel No. 24-2498.2

Permit Fee 175-

Check No. 82228

Date: 6-12-2025

Owner/Contractor MSB Industries Inc.

Project Type Addition

Phone Number 715-735-9771

Project Address N3900 Hwy 180 Marinette, WI 54143

Comments _____

Email brian.gabriel@msbindinc.com

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☒ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☒ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ <u>120,000</u>			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	☐ Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	☐ Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area <u>1443 SF</u>		Area _____

Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	☒ Frame	☐ Full Bsmt	☒ Concrete
Side Yard <u>6'7 1/4"</u>	☐ Masonry	☐ Partial Bsmt	☐ Block
Side Yard _____	☐ Steel	☐ Crawl Space	☐ Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish <u>Vinyl siding</u>	☒ Frost Wall	☐ Steel
		☐ Concrete Slab	☐ Posts
			No. _____

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

Email brian.gabriel@msbindinc.com

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

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

Applicant (signature) Brian Gabriel

Applicant (print) Brian Gabriel

State DC # 079600069

State DCQ # 09C701644

Approved by Bryan Lauritzen

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

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

BUILDING PERMIT

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

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

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

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

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

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	☒ Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	☐ Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____

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

Contractor Biehl LLC Asphalt Paving Address W725 Co B Telephone 715-732-0257

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) [Signature] Applicant (print) Tom Westlund

State DC # _____ State DCQ # _____ Approved by Bryan Lauritzen

*** Note: Culvert must be metal * Thank you.**

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-31

Parcel No. 024-02146.000

Permit Fee \$100.00

Check No. 2209

Date: 6-9-25

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

Application Type		Type of Building	
☐ New Building	☐ Moving	☒ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☒ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other _____	☐ Commercial	
☐ Deck		☐ Other _____	
Estimated \$ _____			

Building Size Information		Set Backs Accessory Building	Lot Information
O.A. Dimension _____	1 st Floor _____	Front _____	☐ Corner
Basement Area <u>NA</u>	2 nd floor _____	Main Bldg _____	☒ Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type <u>0.22 Acres</u>
No. Stories _____	Volume _____	Rear Yard _____	Size <u>50x190</u>
Height _____	Total Area _____		Area _____

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

Contractor David Loren Address W 3294 Card D Peshtigo Telephone 715-923-2529
Email Davidloren@gmail.com
Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) [Signature] Applicant (print) Thomas Tebo
State DC # _____ State DCQ # _____ Approved by Cassie Tebo
Bryan Lauritzen

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

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

BUILDING PERMIT

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

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

Permit No. 2532
Parcel No. 024-01772.060
Permit Fee \$150⁰⁰
Check No. 3420
Date: 25 June 2025

Owner/Contractor Ken Pickel
Project Type Shed / Carport Phone Number 715 938-8834
Project Address N 2078 Dahl Rd Marinette WI 54143
Comments _____ Email mqdme2012@yahoo.com

Application Type		Type of Building	
☐ New Building	☐ Moving	☐ One Family	☐ Garage - Attached
☐ Addition	☐ Siding	☐ Two Family	☐ Garage - Separate
☐ Remodel - Interior	☐ Fence	☐ Multi-Family	
☐ Remodel - Exterior	Other <u>Shed</u>	☐ Commercial	
☐ Deck		☐ Other <u>Shed</u>	
Estimated \$ <u>8500⁰⁰</u>			

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

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

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

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

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

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

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

Permit No. 25-33
Parcel No. 024-01840.003
Permit Fee 175.00
Check No. _____
Date 6/30/25

Owner/Contractor Purdy Soderberg Electric
Project Type Service Phone Number _____
Project Address W625 Wiegers Rd
Comments _____ Email _____

TYPE OF BUILDING		APPLICATION TYPE		
☒ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire	
☐ Two Family	☐ New Building	☐ Pool	☐ Basement	☐ New
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel	☐ Demo
☐ Other (specify) _____		☐ Other (specify) _____	☐ Other <u>200A Service</u>	

CLASS OF SERVICE			
☐ New	Meters Required <u>1</u>	☒ Single Phase	☐ Two Wire
☒ Service Change	Amp <u>200</u>	☐ Three Phase	☒ Three Wire
☐ Temporary	Voltage <u>120-290</u>		☐ Four Wire

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

VO Service

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

245894
Licensed Master Electrician (Print) License No.

Purdy Soderberg
Signature of Applicant

Purdy Soderberg Electric
Electrical Contractor

P.O. Box 135
Contractor Mailing Address

Marengo WI 54143
City State ZIP

\$2000
Estimated Cost

6/30/25
Date

715-923-4168
Contractor Telephone Number

Brian Bryan Lauritzen
Electrical Inspector

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

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

BUILDING PERMIT

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

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

Permit No. 25-34
Parcel No. 024-00502.007
Permit Fee \$150
Check No. 1270
Date: 7-28-2025

Owner/Contractor <u>Mike Kodric</u>	
Project Type <u>garage</u>	Phone Number <u>715-923-9908</u>
Project Address <u>W3346 Sand Ridge Rd Peshtigo, WI 54157</u>	
Comments _____ Email _____	
Application Type	Type of Building
☒ New Building ☐ Addition ☐ Remodel - Interior ☐ Remodel - Exterior ☐ Deck	☐ One Family ☐ Two Family ☐ Multi-Family ☐ Commercial ☐ Other _____
☐ Moving ☐ Siding ☐ Fence Other _____	☐ Garage - Attached ☒ Garage - Separate
Estimated \$ <u>8,000</u>	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension _____	1 st Floor _____	Front _____	☐ Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	☐ Interior
Garage Area <u>28x28</u>	3 rd floor _____	Side Yard <u>East Side of house</u>	Type _____
No. Stories _____	Volume _____	Rear Yard _____	Size _____
Height _____	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	☒ Frame	☐ Full Bsmt	☐ Concrete
Side Yard _____	☐ Masonry	☐ Partial Bsmt	☒ Block
Side Yard _____	☐ Steel	☐ Crawl Space	☐ Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	☐ Frost Wall	☐ Steel ☐ Wood
		☒ Concrete Slab	☐ Posts No. _____

Contractor _____ Address _____ Telephone _____

Email _____

Architect/Designer _____ Address _____ Telephone _____

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

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

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

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

BUILDING PERMIT

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

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

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

Owner/Contractor <u>MATTHEW G. SIEGWARD</u>	
Project Type <u>REMODEL</u>	Phone Number <u>906-250-2944</u>
Project Address <u>N3275 RW PESH160, WI 54157</u>	
Comments <u>INSTALL NEW TRUSSES</u>	Email _____
Application Type	Type of Building
☐ New Building ☒ Addition ☐ Remodel - Interior ☒ Remodel - Exterior ☐ Deck	☒ One Family ☐ Two Family ☐ Multi-Family ☐ Commercial ☐ Other _____
☐ Moving ☐ Siding ☐ Fence Other _____	☐ Garage - Attached ☐ Garage - Separate
Estimated \$ <u>26 K</u>	

Building Size Information		Set Backs	Lot Information
Accessory Building			
O.A. Dimension <u>38x36</u>	1 st Floor _____	Front _____	☐ Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	☐ Interior
Garage Area _____	3 rd floor _____	Side Yard _____	Type _____
No. Stories <u>ONE</u>	Volume _____	Rear Yard _____	Size _____
Height <u>8'</u>	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	☒ Frame	☐ Full Bsmt	☐ Concrete
Side Yard _____	☐ Masonry	☒ Partial Bsmt	☒ Block
Side Yard _____	☐ Steel	☐ Crawl Space	☐ Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	☐ Frost Wall	☐ Steel ☐ Wood
		☐ Concrete Slab	☐ Posts No. _____

Contractor Crossen's Homes Address W3390 Robert Rider Rd Telephone 906-250-2944
Email msiegward84@gmail.com PESH160, WI 54157
Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) [Signature] Applicant (print) MATTHEW G. SIEGWARD
State DC # 042300525 State DCQ # 102301241 Approved by Bryan Lauritzen

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

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

ELECTRICAL PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Owner/Contractor Gabe Hintz

Project Type generator/t.s install Phone Number 920-604-2478

Project Address W2842 Cty Rd B - Marinette

Comments _____ Email Sandra.hintz@gmail.com

TYPE OF BUILDING		APPLICATION TYPE		
☒ One Family	☐ Multi-Family	☐ Separate Garage	☐ Rewire	
☐ Two Family	☐ New Building	☐ Pool	☐ Basement	☐ New
☐ Commercial / Industrial		☐ Hot Tub	☐ Remodel	☐ Demo
☐ Other (specify) _____		☐ Other (specify) _____	☐ Other _____	

CLASS OF SERVICE			
☐ New	Meters Required <u>1</u>	☒ Single Phase	☐ Two Wire
☐ Service Change	Amp <u>100</u>	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage <u>120/240</u>		☐ Four Wire

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

generator / transfer switch install

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

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

Sheri Raddant
Signature of Applicant

Raddant Electric
Electrical Contractor

W7850 Cty Rd MMM
Contractor Mailing Address

Shawano WI 54166
City State ZIP

\$ 11218.00
Estimated Cost

7-24-25
Date

715-526-6578
Contractor Telephone Number

Bryan Lawitzer
Electrical Inspector

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

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

BUILDING PERMIT

ProCheck Inspections, LLC

N3587 County Road C

Pulaski, WI 54162

920-373-7598

procheckwi@gmail.com

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

Permit No. 25-37

Parcel No. 024-01365.004

Permit Fee 175-

Check No. 2056

Date: 7-30-2025

Owner/Contractor <u>Integrity Decking Company- Mae Worley</u>	
Project Type <u>Deck Build</u>	Phone Number <u>920-961-2409</u>
Project Address <u>W1112 Rader Rd Marinette WI 54143</u>	
Comments _____	Email <u>mae.worley@integritydecking.com</u>
Application Type	Type of Building
☐ New Building	☐ One Family
☐ Addition	☐ Two Family
☐ Remodel – Interior	☐ Multi-Family
☐ Remodel – Exterior	☐ Commercial
☒ Deck	☒ Other <u>Deck</u>
☐ Moving	☐ Garage – Attached
☐ Siding	☐ Garage – Separate
☐ Fence	
Other _____	
Estimated \$ _____	

Building Size Information		Set Backs	Lot Information
		Accessory Building	
O.A. Dimension <u>162</u>	1 st Floor _____	Front <u>101.4'</u>	☐ Corner
Basement Area _____	2 nd floor _____	Main Bldg _____	☐ Interior
Garage Area _____	3 rd floor _____	Side Yard <u>92.7'</u>	Type _____
No. Stories _____	Volume _____	Rear Yard <u>939.6</u>	Size _____
Height <u>22</u>	Total Area _____		Area _____
Main Bldg Setbacks	Type of Construction	Foundation	Type of Foundation
Set Back _____	☐ Frame	☐ Full Bsmt	☐ Concrete
Side Yard _____	☐ Masonry	☐ Partial Bsmt	☐ Block
Side Yard _____	☐ Steel	☐ Crawl Space	☐ Pier Supports-Per Engineering
Rear Yard _____	Exterior Finish _____	☐ Frost Wall	☐ Steel ☐ Wood
		☐ Concrete Slab	☐ Posts No. _____

Contractor Integrity Decking Company Address 1518 S Broadway, Green Bay, WI, 54304 Telephone 920-961-2409

Email mae.worley@integritydecking.com

Architect/Designer _____ Address _____ Telephone _____

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

Applicant (signature) Mae Worley Applicant (print) Mae Worley

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

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

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