



Building Inspection Division

City of De Pere

335 S. Broadway, De Pere, WI 54115

Phone: (920) 339-4053 FAX: (920) 330-9491

Residential Basement Remodeling

Building plans and permit applications shall be submitted for any alteration project that finishes an area in the basement or creates rooms. The plans will be reviewed to ensure they conform to both the State of Wisconsin and City of De Pere Building Codes.

Plan Review

Items that will be reviewed are:

If the alteration involves a bedroom, the plan must show two legal exits. A window exit must be sized in proportion to the size of the room and provide adequate natural light and ventilation. See the State of [Wisconsin building code](#) SPS 321.03(5)(b) & 321.03(6) for more specifics.

If the alteration involves a bathroom, an exhaust fan vented to the outside is required.

Plan Submittal

A layout of the area involved drawn to scale or dimensioned.

Indicate location, size and use of room(s).

Indicate size and location of all doors, windows and ceiling heights.

Indicate location of all major appliances (furnace, water heater, electrical panel and fireplace).

Is the furnace direct vent?

Is the water heater direct vent?

Indicate location of all smoke detectors.

Estimated Project Cost

The building permit fee is based on the estimated construction cost (excluding HVAC, Plumbing and Electrical).

Associated Permits

[Separate permits](#) are required for electrical, heating and plumbing work.

Electrical Permit: Single family owner occupied homes may apply for a permit and complete the electrical work within their home. The Homeowner shall sign a "Homeowner Acknowledgment Form". All others are required to have a licensed electrician apply and complete any work within the residence. A licensed electrical contractor is required when working on the main electrical service.

Clearances for Electrical Services: The electrical panel may not be located in either a closet or a bathroom per NEC

240.24(D) & (E). Sufficient access and working space shall be provided. A minimum of 36" perpendicular to the front edge of the electrical panel and a minimum width of 30" or the width of the equipment, whichever is greater, NEC 110.26 and NEC 110.26(A)(1).

Plumbing Permit: Single family owner occupied homes may apply for a permit and complete the plumbing work within their home. The Homeowner shall sign a "Homeowner Acknowledgment Form". All others are required to have a licensed plumber apply and complete any work within the residence.

HVAC Permit: If providing heat supplies and/or cold air returns alter a forced air HVAC system, a permit shall be obtained. Single family owner occupied homes may apply for a permit and complete the HVAC work within their home. The Homeowner shall sign a "Homeowner Acknowledgment Form".

Inspections

All building control valves, (i.e. plumbing shut-offs, hammer arrestors, gas valves, cleanouts), heat supply volume duct dampers, and electrical junction boxes shall be accessible when covering the ceiling or walls.

Before any phase of construction is covered or concealed by a subsequent phase of construction, please call 920-339-4053 a minimum of 24 hours in advance to schedule the following inspections:

Rough-In: Framing is complete, mechanical work is roughed in and prior to insulation being installed.

Insulation: Insulation is installed, prior to walls and ceilings being covered with drywall or other material.

Final: Shall be scheduled prior to occupancy.

Code Reference

For [municipal code](#) information use the highlighted link or visit our website at www.deperewi.gov. For UDC code information, please visit the Wisconsin Department of Safety and Professional Services [website](#).

City of De Pere 335 S. Broadway De Pere, WI 54115 920-339-4053		UNIFORM BUILDING PERMIT APPLICATION				Application No.	
						Parcel No.	
PERMIT REQUESTED		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other:					
Owner's Name		Mailing Address				Tel.	
Architect's Name		Mailing Address				Tel.	
						E-mail	
Contractor's Name: (Contractor)		Lic/Cert# (DC#) exp date: (DCQ#) exp date:		Mailing Address		Tel.	
						E-mail	
Contractor's Name: (Electrical)		Lic/Cert#		Mailing Address		Tel.	
						E-mail	
Contractor's Name: (Plumbing)		Lic/Cert#		Mailing Address		Tel.	
						E-mail	
Contractor's Name: (HVAC)		Lic/Cert#		Mailing Address		Tel.	
						E-mail	
Contractor's Name: (Sewer)		Lic/Cert#		Mailing Address		Tel.	
						E-mail	
PROJECT LOCATION		Lot area		Sq. ft. <input type="checkbox"/> One acre or more of soil will be disturbed			
Building Address		Subdivision Name		Lot No.		Block No.	
Zoning District(s)		Setbacks:		Front	Rear	Left	Right
				ft.	ft.	ft.	ft.
Job Description:							
1. PROJECT		3. OCCUPANCY		6. ELECTRICAL		9. HVAC EQUIPMENT	
<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other:		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Other:		Entrance Panel Amps: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Basebd/ Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Other:	
2. AREA INVOLVED		4. CONST. TYPE		10. SEWER		12. ENERGY SOURCE	
Unfin. _____Sq Ft Bsmt _____Sq Ft Living Area _____Sq Ft Garage _____Sq Ft Total _____Sq Ft		<input type="checkbox"/> ICF <input type="checkbox"/> Masonry <input type="checkbox"/> Poured Concrete <input type="checkbox"/> VB <input type="checkbox"/> Wood		<input type="checkbox"/> Wood frame <input type="checkbox"/> Steel <input type="checkbox"/> ICF <input type="checkbox"/> Timber/Pole <input type="checkbox"/> Other:		Fuel Nat Gas LP Oil Elec Solid Solar Space Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Htg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dwelling unit has 3 kilowatt or more in electric space	
		5. STORIES		8. USE		13. HEAT LOSS	
		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other: <input type="checkbox"/> Plus Basement		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other:		_____ BTU/HR Total Calculated Envelope and Infiltration Losses ("Maximum Allowable Heating Equipment Output" on Energy Worksheet; "Total Building Heating Load" on REScheck report)	
				11. WATER		14. EST. BUILDING COST w/o LAND	
				<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; subject to any conditions of this permit; understand that the issuance of the 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 storm water management and the owner shall sign the statement on the back of the permit if not signing below. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. <input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an erosion control or construction permit without a Dwelling Contractor Certification and have read the cautionary statement regarding contractor responsibility on the reverse side of the last ply.							
APPLICANT'S SIGNATURE _____				DATE SIGNED _____			
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: CITY OF DE PERE				MUNICIPALITY #: 05-216			
FEES:		PERMIT(S) ISSUED		WIS PERMIT SEAL # OR STATE ID#		PERMIT ISSUED BY:	
Plan Review \$ _____ Dwelling \$ _____ Wis. Permit Seal \$ _____ Other \$ _____ Total \$ _____		<input type="checkbox"/> Construction <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Erosion Control				Name _____ Date _____ Tel.: _____ Cert No. _____	

BASEMENT REMODELING WORKSHEET


Project address:	
Total cost of construction:	
Square footage of area being remodeled:	


Will the finished basement area include a bedroom(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the basement bedroom have an egress window?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the basement bedroom have a minimum of 8% natural light?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the furnace direct vent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the water heater direct vent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Brief Job Description:

<p style="text-align: center;">Submitted plan must include:</p> <ul style="list-style-type: none">• Layout of the area drawn to scale or dimensioned.• Location, size, and use of room(s).• Size and location of all doors and windows.• Ceiling heights.• Location of all major appliances (furnace, water heater, electrical panel and fireplace).• Location of all smoke detectors. • If the alteration involves a bedroom, the plan must show two legal exits.• If the alteration involves a bathroom, an exhaust fan vented to the outside is required.
--

<div>City of De Pere</div> <div>335 S. Broadway</div> <div>De Pere, WI 54115</div> <div>(920) 339-4053</div> <div>dpbldg@deperewi.gov</div>		<div>DE PERE</div> <div></div>	<div>ELECTRICAL PERMIT</div> <div>Application and Record</div>	<div>Permit #: _____</div> <div>Fee: _____</div> <div>Receipt #: _____</div> <div>Date: _____</div>																																
PROJECT LOCATION			ELECTRICAL CONTRACTOR																																	
Owner's Name:			Company Name:																																	
Address:			Address:																																	
Phone #:			Phone #:																																	
Lot #:	Parcel #:	Zoning:	E-mail:																																	
OCCUPANCY			NATURE OF WORK																																	
<div><input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Public/Govt.</div> <div><input type="checkbox"/> Two Family <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehouse</div> <div><input type="checkbox"/> Multi-family (No. of Units:_____) <input type="checkbox"/> Educational</div> <div><input type="checkbox"/> Other:</div>			<div><input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair</div> <div><input type="checkbox"/> Addition <input type="checkbox"/> Pool/Hot Tub/Spa <input type="checkbox"/> Sub-slab Vent.</div> <div><input type="checkbox"/> Sign <input type="checkbox"/> Service/New/Upgrade (Existing Building)</div> <div><input type="checkbox"/> Parking lighting <input type="checkbox"/> Other:</div>																																	
FEES – NEW/ADDITIONS			FEES – ALTERATIONS/REPAIRS																																	
<div>Residential (1&2 Family) 10¢/sq. ft.</div> <div>Warehouses 12¢/sq. ft.</div> <div>Comm/Instit/Indust/Multi-family 14¢/sq. ft.</div> <div>Re-inspection Fee \$75.00</div> <div>Accessory Building \$50.00</div> <div>Note: Square footage includes all floor levels, basements, attached garages, and all spaces enclosed and under a roof.</div>			<div>Openings (switches, outlets, fixtures, fixed appliance connections, and parking lot lighting fixtures)</div> <table><tr><td># of Openings</td><td>Cost</td></tr><tr><td>1 – 30</td><td>\$50.00</td></tr><tr><td>31 – 60</td><td>\$75.00</td></tr><tr><td>61 – 90</td><td>\$100.00</td></tr><tr><td colspan="2">All openings over 90: \$125.00 + .50¢ per opening >90</td></tr></table>		# of Openings	Cost	1 – 30	\$50.00	31 – 60	\$75.00	61 – 90	\$100.00	All openings over 90: \$125.00 + .50¢ per opening >90																							
# of Openings	Cost																																			
1 – 30	\$50.00																																			
31 – 60	\$75.00																																			
61 – 90	\$100.00																																			
All openings over 90: \$125.00 + .50¢ per opening >90																																				
FEES SHALL BE DOUBLED IF WORK IS COMMENCED PRIOR TO OBTAINING A PERMIT.			# of Openings: Total:																																	
MISCELLANEOUS FEES			AREA (Square Footage)																																	
<table><tr><td>1 & 2 Family Service</td><td>\$75.00</td><td>Parking Lights</td><td>\$75.00</td></tr><tr><td>Comm. Service</td><td>\$75.00</td><td>Illuminated Signs</td><td>\$75.00</td></tr><tr><td>Temp. Service</td><td>\$75.00</td><td>Pump Panel</td><td>\$75.00</td></tr><tr><td>Photo Voltaic</td><td>\$100.00</td><td>Fire Alarm Install</td><td>\$75.00</td></tr><tr><td>Sub-slab Ventilation</td><td>\$75.00</td><td>Cell Tower</td><td>\$100.00</td></tr></table>			1 & 2 Family Service	\$75.00	Parking Lights	\$75.00	Comm. Service	\$75.00	Illuminated Signs	\$75.00	Temp. Service	\$75.00	Pump Panel	\$75.00	Photo Voltaic	\$100.00	Fire Alarm Install	\$75.00	Sub-slab Ventilation	\$75.00	Cell Tower	\$100.00	<table><tr><td>Basement</td><td>Building/Living</td><td>Garage/Acc.</td><td>TOTAL</td></tr><tr><td colspan="2">ESTIMATED COST</td><td colspan="2">PERMIT FEE</td></tr><tr><td colspan="2">\$</td><td colspan="2">\$</td></tr></table>		Basement	Building/Living	Garage/Acc.	TOTAL	ESTIMATED COST		PERMIT FEE		\$		\$	
1 & 2 Family Service	\$75.00	Parking Lights	\$75.00																																	
Comm. Service	\$75.00	Illuminated Signs	\$75.00																																	
Temp. Service	\$75.00	Pump Panel	\$75.00																																	
Photo Voltaic	\$100.00	Fire Alarm Install	\$75.00																																	
Sub-slab Ventilation	\$75.00	Cell Tower	\$100.00																																	
Basement	Building/Living	Garage/Acc.	TOTAL																																	
ESTIMATED COST		PERMIT FEE																																		
\$		\$																																		
APPLICANT'S STATEMENT			PERMIT APPROVAL																																	
<div>I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of WI and ordinances of the City of De Pere, WI. I further understand that the issuance of this permit creates no legal liability, express or implied, on the City of De Pere, WI.</div> <div>Signature: _____</div> <div>Date: _____ License #: _____</div>			<div>Upon signature of an authorized member of the Building Inspection Department, this becomes a permit to conduct the above described work in accordance with all existing laws, ordinances, and regulations.</div> <div>Inspector: _____</div> <div>Date: _____ Certification #: _____</div>																																	
CONDITIONS OF APPROVAL																																				
<div>_____</div> <div>_____</div> <div>_____</div>																																				

City of De Pere 335 S. Broadway De Pere, WI 54115 (920) 339-4053 dpbldg@deperewi.gov		<h2 style="margin: 0;">HVAC PERMIT</h2> <h3 style="margin: 0;">Application and Record</h3>	Permit #: _____ Fee: _____ Receipt #: _____ Date: _____
PROJECT LOCATION		HVAC CONTRACTOR	
Owner's Name: _____		Company Name: _____	
Address: _____		Address: _____	
Phone #: _____		Phone #: _____	
Lot #: _____	Parcel #: _____	E-mail: _____	
OCCUPANCY		NATURE OF WORK	
<input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Public/Govt. <input type="checkbox"/> Two Family <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehouse <input type="checkbox"/> Multi-family (No. of Units: _____) <input type="checkbox"/> Educational <input type="checkbox"/> Other: _____		<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Combination (Addition & Alteration) <input type="checkbox"/> Other _____	
TYPE OF SYSTEM		GENERAL INFORMATION	
<input type="checkbox"/> Forced Air <input type="checkbox"/> Fireplace <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Hydronic-Boiler <input type="checkbox"/> Space Heater <input type="checkbox"/> Electric Heat <input type="checkbox"/> RTU/MUA <input type="checkbox"/> Radiant <input type="checkbox"/> Geo Thermal <input type="checkbox"/> Infrared Heaters <input type="checkbox"/> Garage Heater <input type="checkbox"/> VAV Unit <input type="checkbox"/> Kitchen Hood <input type="checkbox"/> Spray Booth <input type="checkbox"/> AH Unit <input type="checkbox"/> Other _____		Manufacturer: _____ Model #: _____ BTU Input: _____ # of Units: _____ Sealed Combustion Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No Fuel Type: _____ SPS Plan Approval #: _____	
FEES		AREA (Square Footage)	
Residential 10¢/sq. ft. Replacement \$75/unit Warehouse \$130/unit Fireplace \$75/unit Commercial 14¢/sq. ft. Res Alteration \$7/\$1,000 Multi Family 14¢/sq. ft. Comm Alteration \$8/\$1,000		Basement	Building/Living
FEES SHALL BE DOUBLED IF WORK IS COMMENCED PRIOR TO OBTAINING A PERMIT			Garage/Acc.
		TOTAL	
		ESTIMATED COST \$ _____	
		PERMIT FEE \$ _____	
APPLICANT'S STATEMENT		PERMIT APPROVAL	
I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of Wisconsin and ordinances of the City of De Pere, Wisconsin. I further understand that the issuance of this permit creates no legal liability, express or implied, on the City of De Pere, Wisconsin. Signature: _____ Date: _____ License #: _____		Upon signature of an authorized member of the Building Inspection Department, this becomes a permit to conduct the above described work in accordance with all existing laws, ordinances, and regulations. Inspector: _____ Date: _____ Certification #: _____	
CONDITIONS OF APPROVAL			
_____ _____ _____			

City of De Pere

335 S. Broadway
De Pere, WI 54115
(920) 339-4053
dpbldg@deperewi.gov



PLUMBING PERMIT

Application and Record

Permit #: _____
Fee: _____
Receipt #: _____
Date: _____

PROJECT LOCATION

Owner's Name: _____

Address: _____

Phone #: _____

Lot #: _____ Parcel #: _____ Zoning: _____

PLUMBING CONTRACTOR

Company Name: _____

Address: _____

Phone #: _____

E-mail: _____

OCCUPANCY

- ☐ Single Family ☐ Commercial ☐ Public/Govt.
☐ Two Family ☐ Manufacturing ☐ Warehouse
☐ Multi-family (No. of Units: _____) ☐ Educational

NATURE OF WORK

- ☐ New ☐ Addition ☐ Alteration
☐ Remodel ☐ Other: _____

FIXTURES ROUGHED IN FOR AND/OR INSTALLED

<u>\$11.00/fixture</u>	<u>Qty</u>	<u>\$11.00/fixture</u>	<u>Qty</u>	<u>\$11.00/fixture</u>	<u>Qty</u>	Note: State Approved buildings with 16 or more fixtures shall be \$175.00 + \$11.00/fixture.	
Sink		Water Heater		Drinking Fountain			
Water Closet		Clothes Washer		Urinal			
Lavatory		Laundry Tub		Ice Cube Machine			
Bath Tub		Floor Drain		Backwater Valve		Number of Fixtures	
Shower Stall		Hose Bibb		Other Plumbing Fixtures as defined in SPS 382, WI Administrative Code			
Garbage Disposal		Sump Pump				TOTAL FEE (Min. \$50.00)	
Refrigerator		Ejector					
Dishwasher		Roof Drain					
Water Softener		Grease Trap					

SEWER/WATER

Type	Size	
Sanitary Sewer Lateral Connection		\$125.00
Storm Sewer Lateral Connection		
Water Lateral Connection		

MISCELLANEOUS FEES

Replacement Water Heater	\$75.00
Sewer Cap	\$75.00

FEES SHALL BE DOUBLED IF WORK IS COMMENCED PRIOR TO OBTAINING A PERMIT**APPLICANT'S STATEMENT**

I certify that the information provided on this form is complete and accurate and hereby agree to comply with all applicable statutes of the State of WI and ordinances of the City of De Pere, WI. I further understand that the issuance of this permit creates no legal liability, express or implied, on the City of De Pere, WI.

Signature: _____

Date: _____ License #: _____

PERMIT APPROVAL

Upon signature of an authorized member of the Building Inspection Department, this becomes a permit to conduct the above described work in accordance with all existing laws, ordinances, and regulations.

Inspector: _____

Date: _____ Certification #: _____

CONDITIONS OF APPROVAL
