

City of De Pere 335 S. Broadway De Pere, WI 54115 920-339-4053		COMMERCIAL 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)		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/CSM				Lot No.	Block No.
Zoning District(s)		Setbacks:	Front	Rear	Left	Right	
			ft.	ft.	ft.	ft.	
Job Description:							
1. Project		4. Construction Type		7. Suppression & Alarms		10. Sewer	
New Addition Alteration: Lvl 1 Lvl 2 Lvl 3 Other:		IA IB IIA IIB IIIA IIIB IVA IVB VA VB		Object Type: _____ NFPA Standard Sprinklered <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No		Municipal Sanitary Permit #:	
2. Area Involved		5. Stories		8. Allowable Area		11. Water	
_____ Sq Ft		1-Story Other Plus Basement		Separated Unseparated		Municipal On-Site Well	
3. Major Occupancy		6. Electrical		9. HVAC Equipment		12. EST. BUILDING COST w/o LAND	
Assembly Utility & Misc Mercantile Educational Business Residential Storage Factory		Entrance Panel Amps: _____ Underground Overhead		Forced Air Furnace Radiant Bsbd/Panel Heat Pump Boiler Other:		\$	
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 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.							
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 \$ _____ Building \$ _____ Soil Erosion \$ _____ Re-inspection \$ _____ 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. _____	

City of De Pere

335 S. Broadway
De Pere, WI 54115
(920) 339-4053
dpbldg@mail.de-pere.org



GRADE PERMIT

Application and Record

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

PROJECT LOCATION

Owner's Name: _____

Address: _____

Phone #: _____

E-mail: _____

CONTRACTOR

Company Name: _____

Address: _____

Phone #: _____

E-mail: _____

License #: _____

PROJECT TYPE

- | | |
|---|---|
| <input type="checkbox"/> New Home Construction | <input type="checkbox"/> Replacement of Existing Sidewalk |
| <input type="checkbox"/> Installation of Driveway | <input type="checkbox"/> Lawn Grade |
| <input type="checkbox"/> Installation of Sidewalk | <input type="checkbox"/> Other _____ |

Is Curb Cut Required? ☐ Yes ☐ No**CONDITIONS**

Builder's grade stakes *SHALL NOT* be used for any concrete work. The home builder or contractor shall apply for new stakes for any concrete work that will abut the street. This is done to ensure that building grade stakes were not damaged during construction or by vandalism.

These grade stakes shall be protected at all times, and if willfully destroyed, shall be replaced at the owner's expense.

Grade stakes will be used for elevation purposes only. Horizontal alignment will be determined by the contractor in the field.

A pre-pour inspection must be conducted by the City Engineering Department once forms are in place to verify sidewalk width and depth. Please call (920)339-4060 to schedule inspection at least 24 hours in advance.

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 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: _____

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 #: _____

City of De Pere
335 S. Broadway
De Pere, WI 54115
(920) 339-4053
dpbldg@mail.de-pere.org



**CURB CUT/ DRIVEWAY/
PARKING LOT PERMIT**
Application and Record

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

PROJECT LOCATION

Owner's Name:	Address:
Phone #:	E-mail:

DRIVEWAY CONTRACTOR

CURB CUT CONTRACTOR

Company Name:	Company Name:
Mailing Address:	Mailing Address:
Phone #:	Phone #:
E-mail:	E-mail:
Signature:	Signature:

JOB SPECIFICATIONS

<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi Family (# of Units) _____ Fees: Residential \$50.00 Comm/Ind/Multi \$150.00 Curb Cut \$25.00 Total:	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial Driveway width at property line: _____ Setback to interior property line: _____ Curb width at driveway opening: _____ Curb Cut <input type="checkbox"/> Yes <input type="checkbox"/> No Parking Lot <input type="checkbox"/> New <input type="checkbox"/> Expansion
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Brief Job Description:

NOTES

APPROVAL CONDITIONS

A site plan shall be submitted with this application. Curb alterations at the driveway apron require a curb cut permit. The curb cut must be performed per City specifications, and by a City licensed contractor.	_____ _____ _____
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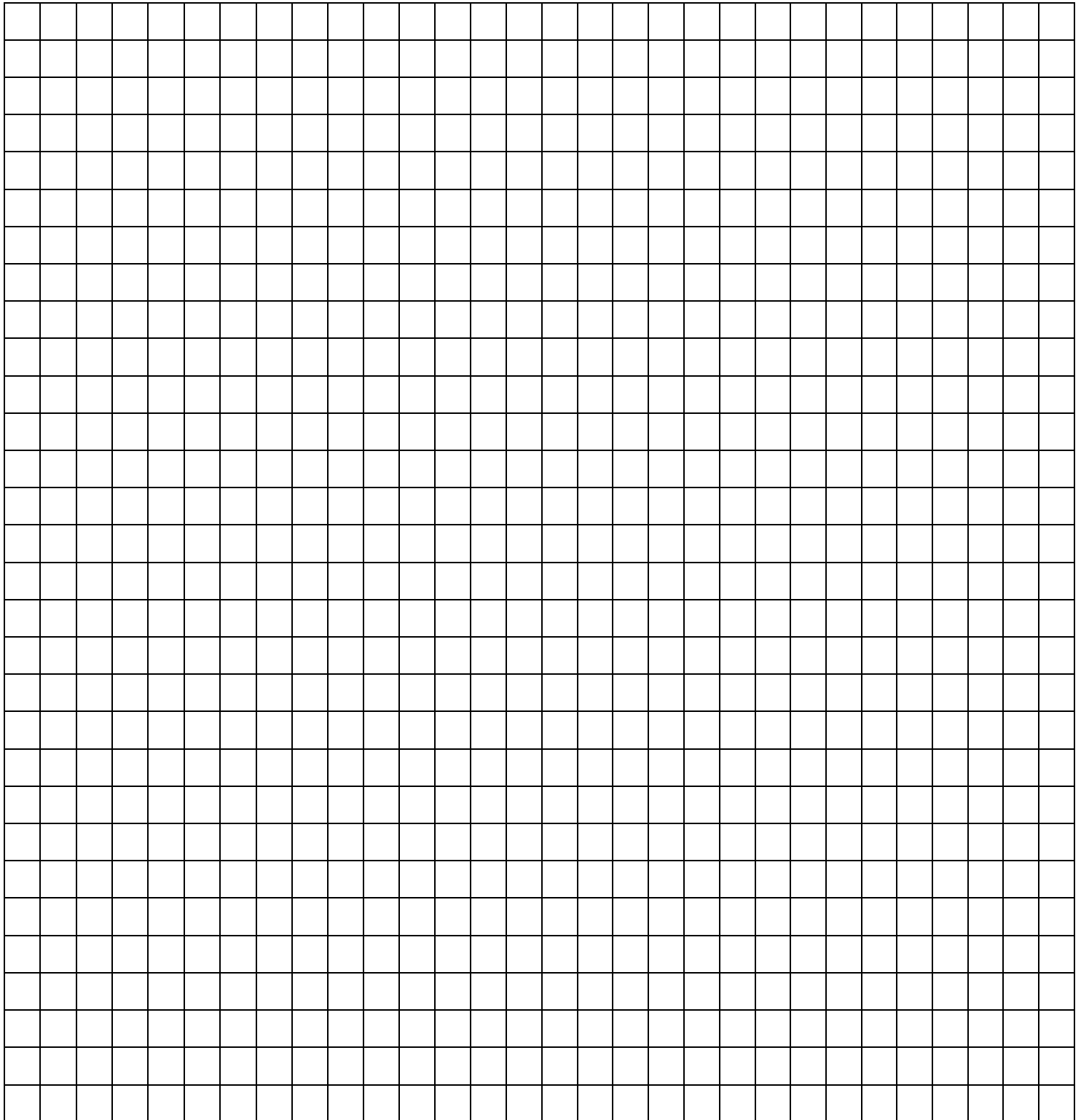
APPLICANT'S STATEMENT

PERMIT APPROVAL

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---	--

1. All lines must be drawn with a straightedge. Freehand drawings cannot be accepted.
2. All lot lines and all buildings must be shown and dimensioned. Partial plot plans cannot be accepted.
3. Driveway(s) and curb cuts must be shown and labeled "proposed" or "existing".
4. Irregular shaped lots must be drawn to scale.

5 Foot Grid




PLOT PLAN

Project:

Scale: 1"= ____ Ft

Address:

City of De Pere 335 S. Broadway De Pere, WI 54115 (920) 339-4053				<h1 style="text-align: center;">EROSION CONTROL PERMIT</h1> <h2 style="text-align: center;">Application and Record</h2>		Permit #: _____ Fee: _____ Receipt #: _____ Date: _____	
LANDOWNER INFORMATION				APPLICANT/PERMITTEE INFORMATION			
Name: _____				Applicant's Name: _____			
Site Address: _____				Address: _____			
Phone #: _____				Phone #: _____			
Lot #: _____		Parcel #: _____		E-mail: _____			
SITE DISTURBANCE TYPE				DISTURBANCE			
<input type="checkbox"/> Single Family <input type="checkbox"/> Commercial <input type="checkbox"/> Grading/filling <input type="checkbox"/> Two Family <input type="checkbox"/> Subdivision <input type="checkbox"/> Utility work <input type="checkbox"/> Multi-family <input type="checkbox"/> Addition <input type="checkbox"/> Parking lot				<input type="checkbox"/> Less than one acre of disturbance <input type="checkbox"/> More than one acre of disturbance If more than one acre of disturbance, contact the Wisconsin DNR for WPDES Permit.			
SITE INFORMATION				INSTALLER INFORMATION			
Total parcel area: _____ Total area disturbed: _____ BMP's install date: _____ Date of completion: _____ Final stabilization: _____				Erosion Control Installer: _____ Address: _____ Phone: _____ Email: _____			
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. The responsible party throughout the duration of the construction activities shall maintain all BMPs necessary to meet the requirements of this chapter until the site has undergone final stabilization.				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. Permits issued under this section may include conditions established by the building inspector in addition to the requirements set forth in subsection (e), where needed to assure compliance with the performance standards in section 42-8 or 42-9 . Permits issued under this section shall be valid for a period of 180 days, or the length of the building permit or other construction authorizations, whichever is longer, from the date of issuance. The building inspector may grant one or more extensions not to exceed 180 days cumulatively. The building inspector may require additional BMPs as a condition of the extension if they are necessary to meet the requirements of this chapter.			
Signature: _____ Date: _____ License #: _____				Inspector: _____ Date: _____ Certification #: _____			
CONDITIONS OF APPROVAL							
_____ _____ _____							

Soil Erosion Control Permit Requirements

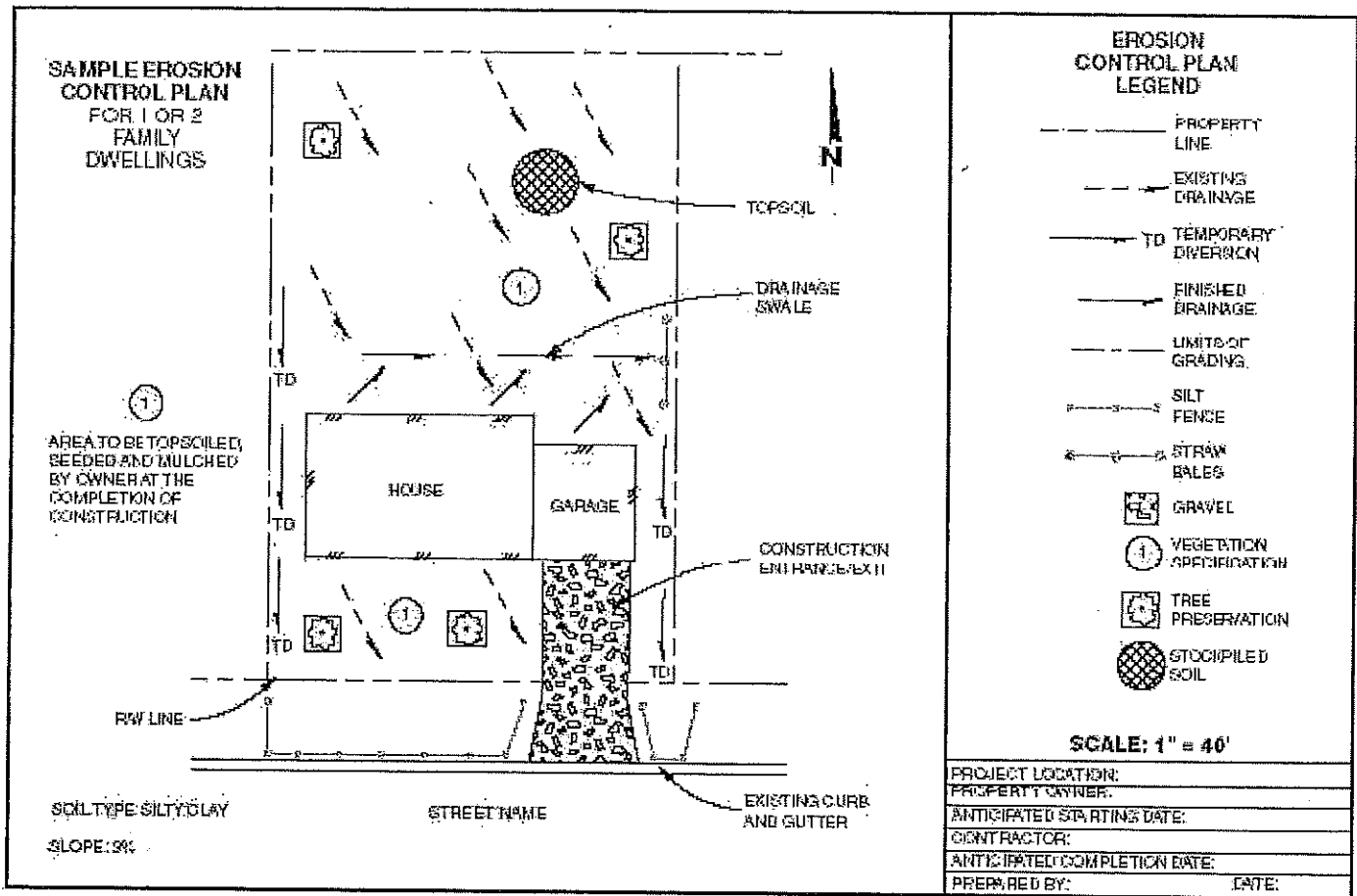
All permits shall require the responsible party to:

- (1) Notify the building inspector within 48 hours of commencing any land disturbing construction activity.
- (2) Notify the building inspector of completion of any BMPs within 14 business days after their installation.
- (3) Obtain permission in writing from the building inspector prior to any modification pursuant to subsection [42-11](#)(c) of the erosion and sediment control plan.
- (4) Install all BMPs as identified in the approved erosion and sediment control plan.
- (5) Maintain all road drainage systems, storm water drainage systems, BMPs and other facilities identified in the erosion and sediment control plan.
- (6) Repair any siltation or erosion damage to adjoining surfaces and drainage ways resulting from land disturbing construction activities and document repairs in a site inspection log.
- (7) Inspect the BMPs within 24 hours after each rain of one-half inch or more which results in runoff during active construction periods, and at least once each week. Make needed repairs and install additional BMPs as necessary, and document these activities in an inspection log that also includes the date of inspection, the name of individual who performed the inspection and a description of the present phase of the construction at the site.
- (8) Allow the building inspector to enter the site for the purpose of inspecting compliance with the erosion and sediment control plan or for performing any work necessary to bring the site into compliance with the erosion and sediment control plan. Keep a copy of the erosion and sediment control plan at the construction site.
- (9) The permit applicant shall post the "certificate of permit coverage" in a conspicuous location at the construction site.

Each erosion and sediment control plan shall include a description of appropriate control BMPs that will be installed and maintained at the construction site to prevent pollutants from reaching waters of the state. The erosion and sediment control plan shall clearly describe the appropriate erosion and sediment control BMPs for each major land disturbing construction activity and the timing during the period of land disturbing construction activity that the erosion and sediment control BMPs will be implemented. The description of erosion and sediment control BMPs shall include, when appropriate, the following minimum requirements:

- (1) Description of interim and permanent stabilization practices, including a BMP implementation schedule. The erosion and sediment control plan shall ensure that existing vegetation is preserved where attainable and that disturbed portions of the site are stabilized.
- (2) Description of structural practices to divert flow away from exposed soils, store flows or otherwise limit runoff and the discharge of pollutants from the site. Unless otherwise specifically approved in writing by the building inspector, structural measures shall be installed on upland soils.
- (3) Management of overland flow at all areas of the construction site, unless otherwise controlled by outfall controls.
- (4) Trapping of sediment in channelized flow.
- (5) Staging land disturbing construction activities to limit exposed soil areas subject to erosion.
- (6) Protection of downslope drainage inlets where they occur.
- (7) Minimization of tracking at all vehicle and equipment entry and exit locations of the construction site.
- (8) Clean up of off-site sediment deposits.
- (9) Proper disposal of building and waste material.
- (10) Stabilization of drainage ways.
- (11) Installation of permanent stabilization practices as soon as possible after final grading.
- (12) Minimization of dust to the maximum extent practicable.

Sample Erosion Control Site Plan and Checklist



Erosion Control Plan Checklist	Please Check Box		Office Use Only	
	Completed	Not Applicable	Completed	Not Applicable
North arrow, scale, and site boundary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjacent streets or roadways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of existing drainage ways, streams, rivers, lakes, wetlands or wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of storm sewer inlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of existing and proposed buildings and paved areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disturbed area on the lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approximate gradient and direction of slopes before grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approximate gradient and direction of slopes after grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overland runoff (sheet flow) coming onto the site from adjacent areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of temporary soil storage piles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of access drive(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of sediment controls (silt fence, straw bales) that will prevent eroded soil from leaving the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of sediment barriers around onsite storm sewer inlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of erosion control practices on steep (>12%) slopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of other erosion control practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Standard Erosion Control Plan for 1- & 2-Family Dwelling Construction Sites

According to Chapters SPS 320 & 321 of the Wisconsin Uniform Dwelling Code, soil erosion control information needs to be included on the plot plan which is submitted and approved prior to the issuance of building permits for 1- & 2-family dwelling units in those jurisdictions where the soil erosion control provisions of the Uniform Dwelling Code are enforced. This Standard Erosion Control Plan is provided to assist in meeting this requirement.

Instructions:

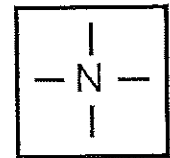
1. Complete this plan by filling in requested information, completing the site diagram and marking appropriate boxes on the inside of this form.
2. In completing the site diagram, give consideration to potential erosion that may occur before, during, and after grading. Water runoff patterns can change significantly as a site is reshaped.
3. Submit this plan at the time of building permit application.

PROJECT LOCATION _____

BUILDER _____ OWNER _____

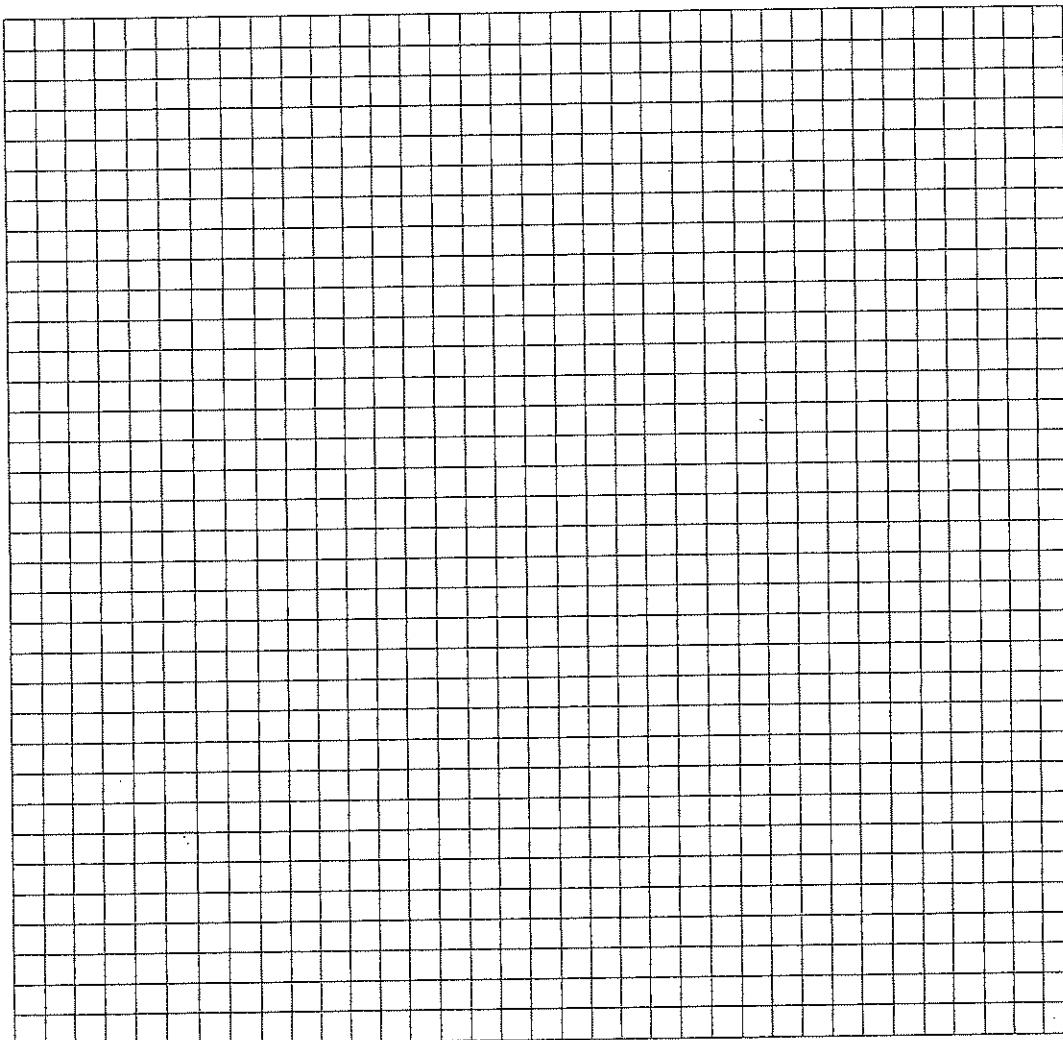
WORKSHEET COMPLETED BY _____ DATE _____

Please indicate north
by completing the arrow.







SITE DIAGRAM

Scale: 1 inch = _____ feet




EROSION CONTROL PLAN LEGEND

- PROPERTY LINE
- > EXISTING DRAINAGE
- > TD TEMPORARY DIVERSION
- > FINISHED DRAINAGE
- LIMITS OF GRADING
- SILT FENCE
- STRAW BALES
-  GRAVEL
-  VEGETATION SPECIFICATION
-  TREE PRESERVATION
-  STOCKPILED SOIL

<div>City of De Pere 335 S. Broadway De Pere, WI 54115 (920) 339-4053 dpbldg@mail.de-pere.org</div> <div></div>		<div>ELECTRICAL PERMIT Application and Record</div>		<div>Permit #: _____ Fee: _____ Receipt #: _____ 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. <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:</div>				<div><input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Pool/Hot Tub/Spa <input type="checkbox"/> Sub-slab Vent. <input type="checkbox"/> Sign <input type="checkbox"/> Service/New/Upgrade (Existing Building) <input type="checkbox"/> Parking lighting <input type="checkbox"/> Other:</div>																																	
FEES – NEW/ADDITIONS				FEES – ALTERATIONS/REPAIRS																																	
<div>Residential (1&2 Family) 10¢/sq. ft. Warehouses 12¢/sq. ft. Comm/Instit/Indust/Multi-family 14¢/sq. ft. Re-inspection Fee \$75.00 Accessory Building \$50.00 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) <table><tr><th># of Openings</th><th>Cost</th></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></div>		# 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																							
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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>Commercial Service</td><td>\$100.00</td><td>Illuminated Signs</td><td>\$75.00</td></tr><tr><td>Temporary 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	Commercial Service	\$100.00	Illuminated Signs	\$75.00	Temporary 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		\$		\$	
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ESTIMATED COST		PERMIT FEE																																			
\$		\$																																			
APPLICANT'S STATEMENT				PERMIT APPROVAL																																	
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CONDITIONS OF APPROVAL																																					

City of De Pere
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De Pere, WI 54115
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dpbldg@mail.de-pere.org



Electrical Service Inspection

Permit

Application and Record

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

Customer/Contractor: _____ Phone: _____
Electrical Service Address: _____
Requested Date of Inspection: _____ Inspection Time: _____

☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural ☐ Signs

Electric Service Information

Type of Service:
☐ Permanent ☐ Temporary ☐ New Service
☐ Upgrade Service ☐ Relocated Service ☐ Other: _____

Fault Current: _____
☐ 100 Amp ☐ 200 Amp ☐ Other: _____ ☐ Underground ☐ Overhead

Electrician Information

I hereby certify that this wiring is in compliance with all applicable Federal, State, and Local Codes, utility service rules and section 101.865 of the Wisconsin State Statutes.

Electrician Name: _____
Address: _____
Master Electrician Signature: _____
E-mail Address: _____


Phone Number: _____
Fax Number: _____
License #: _____
Date: _____

Inspector Information

This is to certify that I have examined the electrical equipment installed by the Electrical Contractor named above and it is in compliance with the statutes and all rules and regulations prescribed by the State of Wisconsin Electrical Code and local municipal requirements. I hereby certify that the electrical work completed to date complies with applicable codes and may be energized.

Inspector Name: _____
Inspector Signature: _____
Comments: _____

Phone Number: 920-339-4053
Date Inspected: _____

City of De Pere 335 S. Broadway De Pere, WI 54115 (920) 339-4053 dpbldg@mail.de-pere.org		<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
FEES SHALL BE DOUBLED IF WORK IS COMMENCED PRIOR TO OBTAINING A PERMIT		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

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De Pere, WI 54115
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dpbldg@mail.de-pere.org



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 COMM 82, WI Administrative Code			
Garbage Disposal		Sump Pump					
Refrigerator		Ejector					
Dishwasher		Roof Drain					
Water Softener		Grease Trap				TOTAL FEE (Min. \$50.00)	

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

City of De Pere

335 S. Broadway
De Pere, WI 54115
(920) 339-4053
dpbld@mail.de-pere.org



SEWER PERMIT

Application and Record

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

PROJECT LOCATION

Owner's Name: _____

Address: _____

Phone #: _____

Lot #: _____

Parcel #: _____

Zoning: _____

SEWER 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

\$11.00/fixture	Qty	\$11.00/fixture	Qty	\$11.00/fixture	Qty	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 COMM 82, WI Administrative Code			
Garbage Disposal		Sump Pump					
Refrigerator		Ejector					
Dishwasher		Roof Drain				TOTAL FEE (Min. \$50.00)	
Water Softener		Grease Trap					

SEWER/WATER

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

MISCELLANEOUS FEES

Sprinkler Alt/Add (per head)	\$20.00
Sewer Cap	\$75.00
Replacement Water Heater	\$75.00
Fire Suppression Sprinkler	\$375.00 + \$80.00 per riser/floor

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

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Signature: _____

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PERMIT APPROVAL

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Inspector: _____

Date: _____

Certification #: _____

CONDITIONS OF APPROVAL

Wisconsin Commercial Building Code

Helpful Hints

The Wisconsin Commercial Building Code applies whenever a covered building is built, added onto, altered, or when used for certain new purposes that have different applicable code requirements, as for example, a warehouse to an apartment building conversion. Covered alterations include those affecting structural strength, fire hazard, and exiting. An existing building, save for a few exceptions, shall be maintained to meet the code under which it was approved.

1. **SPS 361.20 (2) Design**

- a. Pursuant to chapter 443 stats., a public building, structure or place of employment shall be designed by an architect or an engineer, except as provided under ss. 443.14 and 443.15 stats.
- b. Pursuant to chapter 443 stats., a component or a system, including an electrical system, fire protection system, heating ventilating and air conditioning system, or a plumbing system for a public building, structure or place of employment shall be designed by an architect, engineer or a designer of an engineering system.

2. **SPS 361.40 Supervision by registered engineer, architect, or building designer.** Wisconsin registered design professionals must be used whenever:

- a. The total completed building volume meets or exceeds 50,000 cubic feet. Volume is based on the actual cubic foot space within the exterior structure of the building including attics, basements, enclosed porches, and garages.
- b. The design professional must sign and seal each plan page or an indexed cover page listing all the sheets.
- c. A registered supervising professional shall also be retained from project start to completion and shall make periodic on-site observations to help ensure the building is constructed in accordance with the approved plans.
- d. SPS 361.40 (4) prior to initial occupancy of a new building or addition, and prior to final occupancy of an alteration of an existing building, the supervising professional, engineer or designer shall file a written statement with the authority that issued plan approval and a copy to the authority issuing the permit, to the best of his or her knowledge and belief, construction of the portion to be occupied has been performed in substantial compliance with the approved plans and specifications.

3. **SPS 361.20 (1) Responsibilities (Owner)** Compliance with the Wisconsin Commercial Building Code does not relieve the owner of a public building or place of employment from compliance with the administrative rules established by other state jurisdictions. The Owner is ultimately responsible for:

- a. Obtaining plan review approval and local permits.
- b. Hiring registered designers and competent contractors.
- c. Providing accurate information to the designer including the building or structure's intended use and/or change of use.
- d. Provide the name of the supervising professional to monitor and oversee the project.
- e. Signing the plan approval application form when requesting permission to start foundation work before plan review.
- f. Correcting code non-compliance issues noted by inspectors or by the supervising professional.
- g. Maintaining the building or structure per all applicable codes.

4. **SPS 361.30 (1) Plan Review and Approval.** Plans for all new construction, alterations, additions and change-in-use to a public building or place of employment shall not commence unless plans for the project have been submitted to an approved department or its authorized representative. Plans exempt from plan review include:

Buildings containing less than 25,000 cubic feet in volume:

- a. Assembly Group A-2
- b. Business Group B
- c. Factory Group F

- d. Mercantile Group M
- e. Storage Group S
- f. Utility and Miscellaneous Group U

5. **SPS 361.36 (1) Plan approval expirations:** Where plan approval is required by this code, one set of plans bearing the stamp of conditional approval and a copy of the specifications shall be kept at the building site. The plans and specifications shall be open to inspection by the department or its authorized representative.
- a. **Building shell.** Plan approval by the department or its authorized representative for new buildings and additions shall expire 2 years after the approval date.
 - b. **Occupancy.** For new buildings and additions shall expire 3 years after the approval date.
 - c. **Alterations.** Interior building alterations shall expire 1 year after the approval date.
 - d. **HVAC construction only.** Heating ventilating and air conditioning construction that does not include any associated building construction shall expire 1 year after the approval date.
 - e. **Fire protection systems only.** Fire protection systems that do not include any associated building construction shall expire 2 years after the approval date.
6. **Existing buildings and structures.** An existing building or structure, and every element, system, or component of an existing building or structure shall be maintained to conform to the building code requirements that applied when the building, structure, element, system or component was constructed, and to conform with the adopted IEBC International Existing Building Code, whenever applicable
7. **Change of use or occupancy.** No change may be made in the use or occupancy of any building or structure, or any space within a building or structure, that would place the building, structure, or space either in a different division of the same group of occupancies, unless the building, structure or space complies with the code's requirements for the new division or group of occupancies, as these requirements exist on one of the following dates:
- a. The date when plans for the change in occupancy or use are approved by the department or authorized representative.
 - b. The date a local building permit is issued, if plan submittal and approval is not required under s. Comm. SPS 361.30
 - c. The date construction is initiated.
 - d. The date an occupancy permit is issued.



CITY OF DE PERE

335 South Broadway

De Pere, WI 54115

Fax No.: 920/339-4049

Web: <http://www.de-pere.org>

ATTENTION: GENERAL CONTRACTORS

Listed below you will find fees associated with your building permit located at:

These fees are for the sub-contractors that you have working on this project. Please provide the fee information to the appropriate mechanical contractor prior to starting work on this project.

ELECTRICAL PERMIT

Commercial (.14¢ per sq. ft.) _____ square foot x .14¢ = \$ _____

(Includes Industrial, Institutional, Multi-family & New/Add)

Warehouse and storage New & Add _____ square foot x .12 = \$ _____

Alterations/Repairs/Remodeling - Number of Openings _____ = \$ _____

TOTAL PERMIT FEE \$ _____

HEATING, VENTILATION & AIR CONDITIONING PERMIT

Commercial (.14¢ per sq. ft.) _____ square foot x .14¢ = \$ _____

(Includes Industrial, Institutional, Multi-family & New/Add)

Alterations/Repairs/Remodeling - \$7.00 per \$1,000 of cost \$ _____

TOTAL PERMIT FEE \$ _____

PLUMBING PERMIT

\$11.00 per fixture (# of fixtures _____) \$ _____

Additional fee for buildings with 16 or more fixtures \$ _____
with required State Approval - \$ 175.00

SEWER LATERAL PERMIT

Sanitary, Storm Sewer & Water Later Connections (\$125.00)

TOTAL PERMIT FEE \$ _____