



Building Inspection Department
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 insure 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 21.03(5)(b) & 21.03(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: Work completed in a one or two family owner occupied home can be performed by the homeowner. A licensed electrical contractor is required when working on the main electrical service. The Homeowner shall sign a "Homeowner Acknowledgment Form".

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. 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.

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, please visit our website at www.de-pere.org or for UDC code information, please visit the Wisconsin Department of Commerce website at www.commerce.state.wi.us.

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ALTERATION PERMIT

Application and Record

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

PROJECT LOCATION

Owner's Name:

Address:

Phone #:

E-mail:

Parcel #:

Lot #:

Zoning:

GENERAL CONTRACTOR

Company Name:

Address:

Phone #:

E-mail:

Dwelling Contractor Credential:

Dwelling Contractor Qualifier Credential:

PROJECT INFORMATION

Square Footage:

Cost of Construction:

Type of work to be done:

Please include a sketch where applicable. Show all setback measurements as required for the project.

SUBCONTRACTORS (if applicable)

Electrical:

HVAC:

Plumbing:

Other:

CAUTIONARY STATEMENT TO OWNERS OBTAINING BUILDING PERMITS

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654(2)(a), the following consequences might occur:

(a) **The owner may be held liable** for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of the contractor that occurs in connection with the work performed under the building permit.

(b) **The owner may not be able to collect from the contractor damages** for any loss sustained by the owner because of a violation by the contractor of the one- and two-family dwelling code or an ordinance enacted under sub. (1)(a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building 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 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 Division, this becomes a permit to conduct the above described work in accordance with all existing laws, ordinances, and regulations.

Inspector: _____

Date:

Certification #:

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</div> <div><input type="checkbox"/> Commercial</div> <div><input type="checkbox"/> Public/Govt.</div> <div><input type="checkbox"/> Two Family</div> <div><input type="checkbox"/> Manufacturing</div> <div><input type="checkbox"/> Warehouse</div> <div><input type="checkbox"/> Multi-family (No. of Units:_____)</div> <div><input type="checkbox"/> Educational</div> <div><input type="checkbox"/> Other:</div>		<div><input type="checkbox"/> New</div> <div><input type="checkbox"/> Alteration</div> <div><input type="checkbox"/> Repair</div> <div><input type="checkbox"/> Addition</div> <div><input type="checkbox"/> Pool/Hot Tub/Spa</div> <div><input type="checkbox"/> Photo Voltaic</div> <div><input type="checkbox"/> Sign</div> <div><input type="checkbox"/> Service/New/Upgrade</div> <div>(Existing Building)</div> <div><input type="checkbox"/> Generator</div> <div><input type="checkbox"/> Other:</div>	
FEES – NEW/ADDITIONS		FEES – ALTERATIONS/REPAIRS	
<div>Residential (1&2 Family)10¢/sq. ft.</div> <div>Warehouses12¢/sq. ft.</div> <div>Comm/Instit/Indust/Multi-family14¢/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> <div># of OpeningsCost</div> <div>1 – 30\$50.00</div> <div>31 – 60\$75.00</div> <div>61 – 90\$100.00</div> <div>All openings over 90: \$125.00 + .50¢ per opening >90</div>	
FEES SHALL BE DOUBLED IF WORK IS COMMENCED PRIOR TO OBTAINING A PERMIT.		# of Openings:	Total:
MISCELLANEOUS FEES		AREA (Square Footage)	
<div>1 & 2 Family Service\$75.00</div> <div>Comm. Service\$75.00</div> <div>Temp. Service\$75.00</div> <div>Photo Voltaic\$100.00</div> <div>Generator\$75.00</div> <div>Parking Lights\$75.00</div> <div>Illuminated Signs\$75.00</div> <div>Pump Panel\$75.00</div> <div>Fire Alarm Install\$75.00</div> <div>Cell Tower\$100.0</div>		<div>Basement</div> <div>Building/Living</div> <div>Garage/Acc.</div> <div>TOTAL</div>	
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 Division, 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>			

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HVAC PERMIT

Application and Record

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"/> 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 <input type="checkbox"/> Garage Heater <input type="checkbox"/> VAV Unit Heaters <input type="checkbox"/> Spray Booth <input type="checkbox"/> AH Unit <input type="checkbox"/> Kitchen Hood <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	Basement	Building/Living	Garage/Acc.	TOTAL
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				PERMIT FEE			
				ESTIMATED COST			
				\$		\$	
APPLICANT'S STATEMENT				PERMIT APPROVAL			
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CONDITIONS OF APPROVAL							
<div></div>							

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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					
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

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

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Signature: _____

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Date: _____ Certification #: _____

CONDITIONS OF APPROVAL
