

City of De Pere335 S. Broadway
De Pere, WI 54115(920) 339-4053 Phone
(920) 330-9491 Fax

CERTIFICATE OF OCCUPANCY

Application and Record

 Permit #: _____
 Fee: _____
 Receipt #: _____
 Date: _____
PROJECT INFORMATION

Address:	
Property Owner:	Phone #:
Tenant:	Phone #:
E-mail:	E-mail:

FIRE ALARM Yes No Auto Manual

Monitoring Agency Company Name:

Address:

City: State + Zip:

Phone #: E-mail:

Location of Fire Alarm Panel in Building:

**NEW BUILDING OR SPACE NEW TENANT WITH USE CHANGE
 NEW TENANT NO USE CHANGE**

Prior Use of Premises

Proposed Use of Premises (Use separate sheet if necessary)

Square Feet of Proposed Use	Floor Level(s) of Proposed Use Location (i.e., basement, 1 st floor, etc.)
Proposed Number of Employees	Proposed Number of Customers or Patrons
Hours of Operation	Do Cleaning, Maintenance, or Other Personnel Have After Hours Access to Building Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Non-Accessible Off Street Parking Stalls	Number of Accessible Off Street Parking Stalls
Interior Emergency/Security Lights Yes <input type="checkbox"/> No <input type="checkbox"/>	Exterior Emergency/Security Lights Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of Heating System and Location of Equipment

Location of Gas Shut Off

Location of Electrical Distribution Panel

Location of Building Main Electrical Disconnect

Sprinklered Yes No If yes, Location of Sprinkler Main Shut Off

Hazardous Materials Present Yes No (If Yes, please list types of materials, quantities, and location on separate sheet)

Firearms Present Yes No (If Yes, please list types of firearms, quantities, and location on separate sheet)

Animals Present Yes No (If Yes, please list types of animals, quantities, and location on separate sheet)

Knox Box Present Yes No (If Yes, a key to the business will need to be provided to the DPFD to place in the Knox Box. If No, a Knox Box will need to be purchased and installed also).

Items required for a Certificate of Occupancy – No Change in Use:

- Completed Occupancy Permit Application

Items required for a Certificate of Occupancy – New Building, Addition, Remodeling and/or Change in Use:

- Completed Occupancy Permit Application
 - Two copies of the floor plan, drawn to scale (if not already submitted for construction permitting)
- Note: Additional documentation and review may be required for or assembly occupancies, or occupancies serving or selling alcohol.
Note: Additional documentation, such as a site plan, and additional review may be required to verify compliance with minimum off-street parking requirements.
- For warehouse, manufacturing or similar use, documentation of the type and quantities of commodities and or materials that will be stored or manufactured on site.
 - For warehouse, manufacturing or similar use, documentation of storage methods (i.e., amount and height of storage, fire protection systems that are existing and/or proposed, etc.)
 - A Knox Box emergency key box is required for all commercial/industrial businesses in the City. If your proposed business already has a Knox Box installed, a key must be provided to the De Pere Fire Department. If a Knox Box is not present, one will need to be installed. Please contact the De Pere Fire Department for additional information.
 - For new construction, the owner and/or applicant is responsible to pick up and install a water meter no later than twenty (20) days following the commencement of installation of insulation within the building, or prior to installing landscaping, whichever comes first. The water meter must be commissioned by the De Pere Public Works department after it is installed. Please contact the De Pere Public Works Department for commissioning of the water meter at (920) 339-4046.
 - A Certificate of Occupancy **will not** be issued if there are any outstanding fees or code violations against the property.
 - Complete sign application prior to signage installation/open date
 - Address must be visible from roadway. Address on back door(s) of all multi-tenant buildings.
 - Provide a copy of all certificates granted by the City of De Pere Health Department (if applicable)
 - Provide a copy of all certificates granted by the Wisconsin Department of Natural Resources (if applicable)

This application is required in addition to any application(s) submitted for Building, Electrical, Plumbing, HVAC, and/or Fire Protection work being done in advance of the proposed use of the space. The issuance of a Permit for said work does not imply or guarantee the issuance of an Occupancy Permit.

Any building or space must meet all applicable Federal, State and Local Code and Ordinance requirements for its intended use.

EXPLANATION OF THE PERMIT PROCESS

No new building and no existing building which is to be remodeled or relocated shall be issued a building permit until a zoning permit has been issued to certify that such construction or change would comply with the provisions of Chapter ___ of the City of De Pere Municipal Code, International Building Code, State adopted state IBC, IEBC, IMC, IFGC and City Building Codes. Buildings or spaces within buildings are not allowed to be occupied without a Certificate of Occupancy issued in the name of the tenant occupying that building or space. Applications for a Zoning Permit and a Certificate of Occupancy shall be made to the Building Inspection Department prior to or at the same time as an application for a building permit or prior to the commencement of any use not involving a 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 Department, this becomes a permit to conduct the above described work in accordance with all existing laws, ordinances, and regulations.

Inspector:

Date:

Certification #:

Fire Department Review Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Police Department Review Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Works Review Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Planning/Development Review Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clerk/Finance Review Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Outstanding Taxes/Liens/Fees	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes: _____
