



Sarpy County Planning and Building Department
 1210 Golden Gate Drive, #1240
 Papillion NE 68046
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 www.sarpy.com
 Business Hours 8 am – 4:45 pm M-F

FOR OFFICE USE ONLY (Revised 1-1-19)

PERMIT # _____
 Permit Fee _____
 Review and Processing Fee _____
 Total Fee Collected _____
 Zoning District _____ FP _____

CHANGE OF OCCUPANCY PERMIT

Provide accurate information per 2012 IBC.

Address: _____

Previous Use: _____ Fire sprinkler provided: Yes No

Previous Occupancy Group: _____

Legal Description: _____

Owner of Property: _____
(Name) (Address) (City, State, Zip) (Phone #)

Corporate Business Name: _____
(Name) (Address) (City, State, Zip) (Phone #)

New use: _____ Fire sprinkler provided: Yes No

Description: _____

Type of Construction: _____ Occupancy Group: _____ Total Area: _____

of Parking stalls provided: _____ New Occupancy Load: _____ # of Exits: _____

Separate permits are required for Mechanical, Electrical, Plumbing and Signage.

I hereby state that that the information submitted on this application is accurate and correct. I recognize that the issuance of this permit shall not grant approval to violate any of the provisions of the building codes or zoning ordinances enforced by this jurisdiction, county, state, federal law; and that this permit shall not prevent the building official from requiring construction to be in compliance with all applicable code provisions during field inspections. This building shall comply with latest adopted code requirements for structural, electrical, plumbing and mechanical provisions currently latest adopted codes at the time a permit is issued. A separate building permit application is required prior to any construction.

Applicant Name (Print clearly): _____ Signature: _____ Date: _____

Phone No: _____ Fax No: _____

Contact Email Address: _____

Official Use Only

Building/Inspection report attached Application fee: \$ _____

Reviewed by:

Building Department: _____ Planning Department: _____ Public Works: _____

Approving Official: _____ Date: _____

Notes: _____