Sarpy County Planning and Building Department
1210 Golden Gate Drive, #1240
Papillion NE 68046
Phone: 402-593-1555
Fax: 402-593-1558
www.sarpy.com
Business Hours 8 am – 4:45 pm M-F

FOR OFFICE USE ONLY
(Revised 9-1-13)

PERMIT # _____

Fee Collected _____

Zoning District_____ FP_____

CHANGE OF OCCUPANCY PERMIT
Provide accurate information per 2006 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: _____