Industry Services

Building Plan Review Application Submitted! Plan Review Transaction ID: 2945736

Transaction number not valid until accepted and confirmed by Industry Services staff.

Please click here to print for your reference



Click Here to Exit

APPLICATION FOR REVIEW

BUILDINGS, HVAC, FIRE, AND COMPONENTS

- Complete all pages -

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

Please wait to receive your appointment confirmation letter which will arrive via email shortly BEFORE sending out your plans for the review. Plans need to be sent directly to the assigned office on the appointment confirmation letter along with a copy of the appointment letter and the fee payment.

SITE	FILL IN ANY MISSING SITE INFORMATION BELOW
Site ID	836851
Site Name	THE DOWNTOWNER
Site Address	640 WEST MAIN STREET
Site Municipality	City of LAKE GENEVA
Site County	WALWORTH
State Owned	No

Confirmation Information		
Transaction ID	2945736	
Previous Transaction ID	0	
Date Plans will be in our office (Review will be minimum 2 business days after this date)	05/11/2017	
Have you submitted plans in the last 2 years?	Yes	
File Type	e-File (SharePoint)	
SharePoint Login ID	theoryshaw	
Return confirmation appointment	Email: ryan@openingdesign.com	
Fee (compute fee per <u>form SBD-118</u>). Make checks payable to DEPT. of Safety and Professional Services. Attach check to form	\$	

FOR:

PLAN TYPE

ALTERATION

SCOPE OF SERVICES

Building and Architectural Review Not a Petition

Comments: e-File

Check if after plan(s) are reviewed to:

☐ Notify designer for **plan(s) pickup** (rather than mailing)

CUSTOMERS FOR THIS PLAN

Cust ID	Name	Contact	Address	Relationships
1322626	RYAN SCHULTZ	OPENINGDESIGN		Building Designer, Building Sup. Prof., HVAC Designer,

- 1					
	1412880	FYF LLC	ILETITIA ERDMAN I	43 S Water St E PO BOX Fort Atkinson	Building Owner,

OBJECTS

Madison

1400 E Washington Ave

Hayward

10541 N Ranch Rd

,Building: 1, Tenant Name or Addition/Alteration Designation: Converting existing building into an R-1 occupancy, Building Type: Building ICC, Occupancy Type (Major Use): Residential, Additional Occupancies: R-1 Transient Residential,, Construction Class: VB, Area (include all levels): 4100, Number of Floor Levels: 2, Sprinkler Coverage: None, Sprinkler Design: None, Alteration Level: Level 3

Building Objects/Structural Components Submitted for this Review:

HVAC -4100 Sq Ft,

Building Designation: The Downtowner Address: 640 West Main Street

FIRE PROTECTION INFORMATION (where required)

Complete this part if you are submitting only for fire suppression or alarm review

Fire suppression and alarm plans are required for certain occupancies. See building approval letter or contact us for requirements. When required, the plans for fire sprinkler, fire detection, and fire alarm/suppression must be submitted to either our Waukesha, Madison or Green Bay office. Please include the original building transaction number on the second line of page 1, upper right hand box. Do not submit fire suppression or fire alarm plans together with building or HVAC plans. A separate application form and plan sets are required.

Fire Alarm:	Fire Suppression:
() Complete () Partial () None Type: () Automatic Detection () Manual Alarm	() Complete () Partial () None Type: () Wet () Dry () Pre-action/Deluge () Anti-Freeze () Manual Wet
Monitoring Type:	NFPA Fire Suppression Standards used:
() Central Station () Proprietary Supervision () Remote Supervision () Protected Premises	() 11 () 11A () 12 () 13 () 13D () 13R () Multipurpose Piping () 14 () 15 () 16 () 17 () 17R () 17A () 20 () 22 () 24 () 750 () 2001 () Other

		() 200 i () Other		1
				'
Stat	tements of Owners and Designer			
361 t	o 365 of the department. The owner recognizes	requests that plans be reviewed for compliance v responsibility for compliance with all the code rec are required to be prepared, signed, sealed and da plans shall be original.	quirements and any conditions of approval. If a bi	uilding
the b	est of his/her knowledge to comply with the appl	cated on page 1 of this form is responsible for pre licable codes of the Division of Industry Services in volume, plans are required to be prepared, signs and seals affixed to the plans shall be original.	for this submittal. If a building, following constru	
Rec	uired Signatures			
SPS appro best even	361 for the performance of the supervision of recoved plans and specifications. Upon completion of my knowledge and belief, construction has or	50,000 cu ft or greater (SPS 361) I have been retasonable on-the-site observations to determine if of construction, I will file a written statement with the has not been performed in substantial compliance. I will file a compliance statement (SBD-9720) no	the construction is in substantial compliance with the Department and municipality certifying that, we with the approved plans and specifications. In	h the to the the
	Signature	Print		
			() Building () HVAC Date	
			() Building () HVAC Date	
() As revier form, cons	wed, and to remove or replace any non-code cor	ation work PRIOR to plan review approval. I agre mplying construction. I understand that erosion or prior to earth-moving activities that involve more is are at the site.	ontrol plans shall be prepared and a Notice of Inte	
Own	ner's Signature	Print	Date	
OWI	iei s Signature	Mailing Addresses	Date	
		PASSATURA DAGRESION		

La Crosse

3824 Creekside La

Green Bay

2331 San Luis Place

Waukesha

141 NW Barstow St. 4th

5/10/2017

TTY: Contact Through Relay Fax (for sending questions or additional info to reviewers) 608-267-9566 Fax (for sending questions or additional info to reviewers) 262-548-8614 additional info to reviewers) 608-785-9330 additional info to reviewers) 920-492-5604