



Scott Walker, Governor  
Laura Gutiérrez, Secretary

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April 06, 2017

CUST ID No. 1322626

RYAN SCHULTZ  
312 W LAKESIDE ST  
MADISON WI 53715

LETITIA ERDMAN  
FYF LLC  
43 S WATER ST E  
FORT ATKINSON WI 53538  
*For your information only. No action on  
owner's part is needed or expected.*

### **Review Appointment Confirmation**

This letter serves as a confirmation of your review appointment. Please use it in lieu of the traditional plan review application form when submitting your plans. To do so, **complete all missing information, correct any inaccurate pre-printed information with red ink**, and submit with your plans and appropriate fees.

Plan reviews may only be invoiced to the designer as an individual. Designer shall sign the block on the first page to authorize invoicing. If you are paying by check for a paper submittal, please send your check along with this confirmation letter directly to the assigned office of the review.

If the plan you submit is not the same as indicated on the following pages, you will be at risk of having your plan appointment rejected and will have to reschedule using the correct information. Plans must be in our office two days prior to your review appointment. If you cancel at least two days prior to your appointment, that time can be utilized by another customer. A \$60 Missed Appointment fee may be charged for plans received late without proper cancellation notice.

#### *If You Need To Contact Us To Cancel, Reschedule, Or Correct Information:*

Please let us know via email to [DspsSbPlanSchedule@wi.gov](mailto:DspsSbPlanSchedule@wi.gov) as soon as possible

#### *If You Are Requesting A Permission To Start:*

Provide the owner's signature at the end of this form.

#### *To Save Shipping Costs:*

You are encouraged to submit 1 properly signed and sealed full plan set and 3 appropriately signed and sealed index sheets in lieu of the minimum 4 plan sets.

#### *To Monitor The Continued Status Of Your Plan:*

Plans status can be readily checked on our Internet site at <http://www.dsps.wi.gov/Plan-Review/Plan-Status>. You will need your designer Industry Services customer ID # to retrieve the plan information.

#### *Design Aides:*

Our agency offers a number of worksheets and checklists for the Commercial Building Code at <http://dsps.wi.gov/Plan-Review> that may assist you in preparing your submittal.

**Application For Review - BUILDINGS, HVAC, FIRE, LIGHTING AND COMPONENTS**

**- Complete all pages -**

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

Site	Fill In Any Missing Site Information Below
Site ID	836851
Site Name	The Downtowner
Site Address	640 West Main Street
Site Municipality and County	City of Lake Geneva , Walworth County

☐ Check if you prefer we notify designer for plan pick-up (rather than mailing)

☐ Check if you are using this form ONLY for a structural component submittal following building plan submittal, which you submit to the office of original review.

**Please note:** If you are able to submit your plans sooner than the required date, there is a possibility that they can be reviewed sooner if time and schedules permit.

†Actual approval may be delayed due to incomplete plans or unforeseen service demands.

\*If no previous related transaction number is provided, plan review will normally be based on the current code, except for revisions. If a previous related transaction number is entered and the parent building approval transaction has not expired, you may elect below to use the code in effect at the time of that approval for follow-up revision, HVAC and fire protection submittals related to that building. Note that this follow-up submittal's approval would then expire no later than the parent building approval.

**SPS 303.03** - Permits any person affected by a rule of the department to petition for a variance from the rule. The petition needs to establish equivalency to the rule, be provided on the form from the department and be submitted with accompanying fee and fire department position statement and municipal recommendation if required.

☐ Please review under the code in effect at the time of the parent building approval.

Confirmation Information	
Transaction ID	<b>2925958</b>
*Previous Transaction ID	
Appointment Date	5/5/2017 <b>This is based on any plan review office preference you indicated. Plans must be in our office <u>2</u> business days prior to this date. Earlier submittal may allow an earlier review if staff availability occurs.</b>
†Estimated Review Completion Date	5/5/2017
Assigned Reviewer	Jack a Miller jack.miller@wisconsin.gov
Assigned Office	<b>La Crosse</b>
File Type	<b>E-file (Sharepoint)</b>
SharePoint Login ID	Theoryshaw
Project Reference	
Required Fee: Based on your online entries, (Use the Application Form Fee Calculation instructions to verify fee) – Please check one of the boxes to the right to indicate desired method of payment. NOTE: Electronic plan review payment is INVOICE ONLY.	<p>\$ 425.00 - Choose payment option below: <input type="checkbox"/> Make checks payable to DEPT. OF SAFETY &amp; PROFESSIONAL SERVICES. OR <input checked="" type="checkbox"/> Invoice Designer, who will be personally responsible for payment. <b>Designer Original Signature:</b> </p>

## Customers For This Plan:

Cust ID	Name	Contact	Address	Relationships	If Designer or Supervising Professional, enter WI Designer Registration Number & Exp. Date
1322626	RYAN SCHULTZ (773) 425-6456		312 W LAKESIDE ST MADISON WI 53715	Supervising Professional, Designer	
1412880	FYF LLC (-)	LETITIA ERDMAN	43 S WATER ST E FORT ATKINSON WI 53538	Owner	

To check the status of your project go to our website, [Plan Status](#) page and using your designer/customer ID# you can perform a search of your current projects.

**Electronic Submission (e-File):**

Plans under this transaction number will be submitted electronically via the [ePlan Review SharePoint site](#). To submit plans electronically, please use the SharePoint Login ID as entered on your plan review application form and refer to the [SharePoint Instructions for Submitters](#) document for details. **Please report any technical problems with the electronic review process to the following e-mail box: [DSPSElectronicPlanSubmittalTech@wi.gov](mailto:DSPSElectronicPlanSubmittalTech@wi.gov).**

**OBJECTS:**

Facility: 772579 THE DOWNTOWNER  
640 WEST MAIN STREET

**Correction: Type VB Construction Type**

Object Type: Building ICC Regulated Object ID No.: 1699836 Code Applies Date: 04/06/17  
Combined Footing & Foundation Review only & Permission to Start; Alteration Level: 3; Major Occupancy: Residential; ~~Type III-B Exterior Noncombustible Unprotected class of construction~~; Alteration plan; 3,400 project sq ft; Unsprinklered; Occupancy: R-1 Transient Residential

**Correction: 4100sf**

If you are submitting any other objects with the building submittal, besides the ones listed above, indicate below (any other additional objects besides the types listed below will require re-scheduling of your submittal – please email [DspsSbPlanSchedule@wi.gov](mailto:DspsSbPlanSchedule@wi.gov) as soon as possible):

- |                                               |                                        |
|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Kitchen Exhaust Hood | <input type="checkbox"/> Metal Bldg    |
| <input type="checkbox"/> Roof Truss           | <input type="checkbox"/> Fire Escape   |
| <input type="checkbox"/> Floor Truss          | <input type="checkbox"/> Precast Plank |
| <input type="checkbox"/> Steel Girder         | <input type="checkbox"/> Precast Wall  |
| <input type="checkbox"/> Laminated Wood       |                                        |

**Fire Protection Information**

Provide the following information on any fire alarm or fire suppression system. If not part of this submittal, fire plans will be scheduled to the office with the first available review date and not necessarily to the office that reviewed the building plans, unless requested. The Hayward and Holmen offices do not review fire protection plans; for building plans reviewed there, submit the fire alarm/suppression plans to Green Bay, Waukesha or Madison. Submit plans for multi-purpose piping (MPP) systems as part of your plumbing plan submittal using the plumbing plan application, SBD-6154.

**Fire Alarm:**

**Coverage:** ☒ Complete ☐ Partial ☐ None  
**Type:** ☒ Automatic Detection ☐ Manual Alarm

**Monitoring Type:**

☒ Central Station ☐ Proprietary Supervision  
☐ Remote Supervision ☐ Protected Premises

**Fire Suppression:**

**Coverage:** ☐ Complete ☐ Partial ☒ None  
**Type:** ☐ Wet ☐ Dry ☐ Pre-action/Deluge  
☐ Anti-Freeze ☐ Manual Wet

**NFPA Fire Suppression Standards Used:**

☐ 11 ☐ 11A ☐ 12 ☐ 13 ☐ 13R  
☐ 13D ☐ 14 ☐ 15 ☐ 16 ☐ 17  
☐ 17R ☐ 17A ☐ 20 ☐ 22 ☐ 24  
☐ 750 ☐ 2001 ☐ 13D Multi-purpose Piping  
☐ Other:

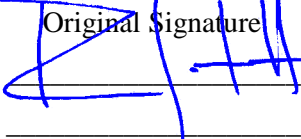
**Statements of Owners and Designer:**

**Owner's Statement:** The owner indicated on page 1 requests that plans be reviewed for compliance with the code requirements set forth in Chapters SPS 361 to 365 of the department. The owner recognizes responsibility for compliance with all the code requirements and any conditions of approval. If a building is 50,000 cubic feet in total volume or greater, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (SPS 361-365). Signatures and seals affixed to the plans shall be original.

**Designer's Statement:** (SPS 361) The designer indicated on page 1 of this form is responsible for preparing or supervising the preparation of the plans to the best of his/her knowledge to comply with the applicable codes of the Division of Industry Services for this submittal. If a building, following construction of this project, contains more than 50,000 cubic feet in volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer, architect, or designer (SPS 361). Signatures and seals affixed to the plans shall be original.

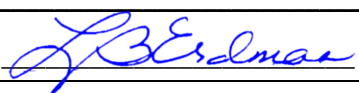
**Required Signatures:**

**Supervising Professionals:** If building will be 50,000 cu ft or greater (SPS 361) I have been retained by the owner as the supervising professional per SPS 361 for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the Department and municipality certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the Department as such and indicating the current status of compliance.

Original Signature  Date 04/10/2017 Print Name Ryan Schultz  
☒ Building ☒ HVAC  
☐ Building ☐ HVAC

**Optional Service - Permission To Start Requested:** ☒ As the owner, I request to begin footing and foundation work PRIOR to plan review approval. I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction. I understand that erosion control plans shall be prepared and a Notice of Intent form, SBD-10376 shall be filed prior to earth-moving activities that involve more than one acre in area. The owner shall not permit construction above the foundation until approved plans are at the site.

(Additional \$75.00 fee per building) Request is for the following buildings:

Owner's Original Signature  Print Letitia Erdman Date 04/10/2017

**Deferred Structural Component Submittals after Building Approval:** Check components submitted:

- |                                      |                                      |                                         |                                        |
|--------------------------------------|--------------------------------------|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Roof Truss  | <input type="checkbox"/> Metal Bldg  | <input type="checkbox"/> Steel Girder   | <input type="checkbox"/> Precast Plank |
| <input type="checkbox"/> Floor Truss | <input type="checkbox"/> Fire Escape | <input type="checkbox"/> Laminated Wood | <input type="checkbox"/> Precast Wall  |

The Department requires that the project designer review individual structural component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

_____	_____	_____
Original Signature of Building Designer	Print	Date

<b>Madison</b> 1400 E Washington Ave Madison, WI 53703  608-266-3151	<b>Hayward</b> 10541N Ranch Rd Hayward, WI 54843  715-634-4870	<b>La Crosse/Holmen</b> 3824 Creekside Ln Holmen, WI 54636  608-785-9334	<b>Green Bay</b> 2331 San Luis Pl Green Bay, WI 54304  920-492-5601	<b>Waukesha</b> 141 NW Barstow St, 4 <sup>th</sup> Floor Waukesha, WI 53188  262-548-8600
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