



# City Of Madison

## Building Plan Approval

### Application

Department of Planning & Economic & Community Development  
**Inspection Division**  
 215 Martin Luther King Jr. Blvd. Rm LL-100  
 Madison WI 53703  
 P.O. Box 2984 (zip code 53701-2984)  
 (608) 266-4551 Fax (608) 266-6522

**Instructions:** Fill in all applicable data. Submittal of this plan approval Application form is required with each plan submittal, with a minimum of **two** sets of plans. **SUBMIT PLUMBING PLANS SEPARATELY, ACCOMPANIED BY AN APPLICATION FORM.**

<b>1. Occupancy type</b>		<b>2. Project information</b>		<b>3. Type of submittal</b>		
Check all that apply <input type="checkbox"/> A. Assembly <input checked="" type="checkbox"/> B. Business <input type="checkbox"/> E. Education <input type="checkbox"/> F. Factory <input type="checkbox"/> H. Hazardous <input type="checkbox"/> I. Institutional <input type="checkbox"/> M. Mercantile <input type="checkbox"/> R. Residential <input type="checkbox"/> S. Storage <input type="checkbox"/> U. Utility	Circle sub use A1 A2 A3 A4 A5 school daycare F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 I4 R1 R2 R3 R4 S1 S2	<b>Project Address</b> 725 E. Johnson Madison, WI 53703 <hr/> <b>Tenant or occupant name</b> Palisade Property <hr/> Has a building code variance been applied for? Yes <input checked="" type="checkbox"/> No <hr/> Variance approval number: _____		<b>Project type</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Alteration level 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Addition  <input type="checkbox"/> Repair <input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Capacity only		<b>Review type</b> <input type="checkbox"/> Foundation only <input checked="" type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Truss <input type="checkbox"/> Precast <input type="checkbox"/> Metal building <input type="checkbox"/> Antenna / Tower
<b>Brief project description</b> An approximate 1450sf office tenant improvement.						
<b>4. Project designer</b>		<b>5. HVAC designer</b>		<b>6. Building Owner</b>		
Designer Ryan Schultz	Reg. # A-11197-5	Designer	Reg. #	Company name 700 East LLC		
Design Firm OpeningDesign		Design Firm		Name Chris Houden		
Address 2042 Barber Dr.		Address		Address 6417 N Normandy Lane		
City/state/zip code Stoughton, WI 53589		City/state/zip code		City/state/zip code Madison, WI 53719		
Contact person Ryan Schultz		Contact person		Contact person Chris Houden		
Telephone Number ( 773 ) 425-6456		Telephone Number ( )		Telephone Number ( 608 ) 770-2335		
email ryan@openingdesign.com		email		email chrish@spmadison.com		
<b>7. Class Of Construction</b>		<b>8. Building information</b>				
<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input checked="" type="checkbox"/> VA <input type="checkbox"/> VB		Total stories of building <u>3</u>		<input checked="" type="checkbox"/> Complete Sprinkler ( ) 13 ( ) 13R		
		Total floor area for each floor work is done on:		<input type="checkbox"/> Partial Sprinkler explain:		
		Floor: <u>1st</u> Area: <u>1450</u> sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft.		<input type="checkbox"/> Unlimited Area		
		If areas are separated by fire barriers or firewalls give the reason for the separation.				
<b>9. Building permit information</b>						
Building contractor Lake County Construction Group		HVAC contractor Service Specialists		Plumbing contractor Prestige Plumbing		
				Electrical Contractor RJM Electric		
<b>Estimated Cost:</b> For alterations do not include HVAC, plumbing, or electrical costs						
New/addition: (total) \$		Alteration: (no MEP) \$ ~\$70,000		New Parking Lot: \$		

**10. Fees:** The area of a new building or addition is the floor area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. The area includes all floor levels such as basements, ground floors, mezzanines, balconies, lofts, garages, all stories, and all roofed over area including porches.

The area of alterations includes all areas affected by the alteration on both sides of any new or moved walls.

**The minimum fee for any review other than for structural components is \$100.**

**New Buildings and Additions.**

Building	Area	s.f.---	\$0.03/s.f.	\$
HVAC	Area	s.f.---	\$0.02/s.f.	\$

**Alterations to Existing Buildings**

Building	Area	1450	s.f.---	\$0.04/s.f.	\$	\$100.00
HVAC (Separate Submittal only)			s.f.---	\$0.03/s.f.	\$	

Structural (Separate Submittal only) \$50 per component			\$
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Revisions to previously reviewed plans	\$100	\$
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State Administrative Fee (see schedule)		\$
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Other		\$
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**Total**      \$ **\$100.00**      **round up to nearest whole dollar**

**For Office Use Only**

Date

**Fees Collected By**

☐ C/O Req.   ☐ Zoning

**When applicable**

If the total volume of the building is greater than 50,000 cubic feet signatures are required in the proper blanks below and the plans are required to have original seals and signatures by a licensed architect, engineer, or HVAC designer. Per SPS 361.20, 361.31(1) & 361.50 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 or her knowledge to comply with the applicable codes of the Division of Safety and Buildings for this submittal.

**If the total volume of the building is less than 50,000 cubic feet no signatures are required below.** The total volume of the building is:

( ) less than 50,000 cubic feet      ☒ 50,000 cubic feet or greater

**Supervising Professionals Signature must be included for Buildings greater than 50,000 cubic feet or the submittal will be rejected.**

**11. Supervising Professional's Statement:** I have been retained by the owner as the **supervising professional** per SPS. 361.40 for the performance or 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 City of Madison Neighborhood Preservation Inspection Division 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.

Supervising Professional Signature \_\_\_\_\_ ( ☒ Building ( ) HVAC    Registration # A-11197-5

Print Name Ryan Schultz

Supervising Professional Signature \_\_\_\_\_ ( ) Building ( ) HVAC    Registration # \_\_\_\_\_

Print Name \_\_\_\_\_

**12. Designer of record to complete this section only for component submittals such as trusses, precast, and manufactured metal buildings.**

The Department of Safety & Professional Services expects and requires, that the project designer review individual 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. Components include such things as trusses, precast, and manufactured metal buildings.

**Signature of Building Designer of Record**

**Date Signed**