



City Of Madison

Building Plan Approval Application

Department of Planning & Economic & Community Development
 Inspection Division
 126 S. Hamilton St.
 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.

1. Occupancy type		2. Project information		3. Type of submittal															
Check all that apply <input type="checkbox"/> A. Assembly <input 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 checked="" 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 <u>R2</u> R3 R4 S1 S2	Project Address 335 W. Lakeside St. Tenant or occupant name N/A Has a building code variance been applied for? Yes <input checked="" type="checkbox"/> No Variance approval number: _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Project type</th> <th style="width: 50%;">Review type</th> </tr> <tr> <td><input type="checkbox"/> New</td> <td><input type="checkbox"/> Foundation only</td> </tr> <tr> <td><input checked="" type="checkbox"/> Alteration level 1 2 3</td> <td><input checked="" type="checkbox"/> Building</td> </tr> <tr> <td><input type="checkbox"/> Addition</td> <td><input type="checkbox"/> HVAC</td> </tr> <tr> <td><input type="checkbox"/> Repair</td> <td><input type="checkbox"/> Truss</td> </tr> <tr> <td><input type="checkbox"/> Revision to previously approved plan</td> <td><input type="checkbox"/> Precast building</td> </tr> <tr> <td><input type="checkbox"/> Capacity only</td> <td><input type="checkbox"/> Antenna / Tower</td> </tr> </table>		Project type	Review type	<input type="checkbox"/> New	<input type="checkbox"/> Foundation only	<input checked="" type="checkbox"/> Alteration level 1 2 3	<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Addition	<input type="checkbox"/> HVAC	<input type="checkbox"/> Repair	<input type="checkbox"/> Truss	<input type="checkbox"/> Revision to previously approved plan	<input type="checkbox"/> Precast building	<input type="checkbox"/> Capacity only	<input type="checkbox"/> Antenna / Tower
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Brief project description This is a retroactive application on an already constructed residential apartment renovation.																			
4. Project designer		5. HVAC designer		6. Building owner															
Designer Ryan Schultz	Reg. #	Designer	Reg. #	Company name Thiel Properties															
Design Firm OpeningDesign		Design Firm		Name Jerry Thiel															
Address 312 W. Lakeside St		Address		Address PO Box 73															
City/state/zip code Madison, WI 53715		City/state/zip code		City/state/zip code Oregon, WI 53575															
Contact person Ryan Schultz		Contact person		Contact person Jerry Thiel															
Telephone Number (773) 425-6456		Telephone Number ()		Telephone Number (608) 658-1490															
email ryan@openingdesign.com		email		email thielproperties@aol.com															
7. Class Of Construction		8. Building information																	
<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 type="checkbox"/> VA <input checked="" type="checkbox"/> VB		Total stories of building above grade <u>2</u>		<input type="checkbox"/> Complete Sprinkler <input type="checkbox"/> 13 <input type="checkbox"/> 13R															
		Total floor area for each floor work is done on:		<input type="checkbox"/> Partial Sprinkler explain:															
		Floor: <u>535</u> Area: _____ sq. ft.		<input type="checkbox"/> Unlimited Area															
		Floor: _____ Area: _____ sq. ft.		If areas are separated by fire barriers or firewalls give the reason for the separation.															
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9. Building permit information																			
Building contractor (for building plans) <Is already constructed>			HVAC Contractor (for HVAC plans) <Is already constructed>																
Estimated Cost: For alterations do not include HVAC, plumbing, or electrical costs																			
New/addition: (total) \$ <Is already constructed>		Alteration: (no MEP) \$		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.	\$ \$100
HVAC	Area	s.f.---	\$0.02/s.f.	\$

Alterations to Existing Buildings

Building	Area	s.f.---	\$0.04/s.f.	\$
HVAC (Separate Submittal only)		s.f.---	\$0.03/s.f.	\$
Structural (Separate Submittal only)	\$50 per component			\$
Revisions to previously reviewed plans		\$100		\$
State Administrative Fee (see schedule)				\$
Other				\$

Total \$ **\$100** 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. Please submit only one set of plans and calculations for components.

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