

Wisconsin Department of Safety and Professional Services

Trans ID:
Assigned Reviewer:
Assigned Office:
Reviewer Start Date*:

Application for Review - Buildings, HVAC, Fire and Components - SBD-118 Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.] For on-line scheduling building, HVAC, and fire plans, use the web scheduler link under Plan Enter Previous Related Trans ID if applicable: 3264769 Review at dsps.wi.gov. This form is to be used only for mailing or dropping off plans If no previous related transaction is provided, plan review will be based on the current without an appointment, scheduling a revision or stand-alone code, except for revisions. If a previous related transaction is entered and the parent HVAC or fire plan, or submitting structural component plans. If building approval transaction has not expired, you may elect below to use the code in scheduling Revision Reviews fax this form to 877-840-9172 or email to effect at the time of that approval for follow-up revision, HVAC, and fire protection submittals related to that building approval. Note that this submittal's approval would dspssbplanschedule@wi.gov. Industry Services may redistribute plans to another office if needed to reasonably balance turnaround then expire no later than the parent building approval. times. You may monitor the status of your plan under Plan ☐ Please review under the code in effect at the time of the parent building approval. Review/Plan Status at dsps.wi.gov. For scheduling revisions or stand-alone plans, enter date plan will be in our office: Desired Appointment Date: ASAP Where should we send the appointment confirmation letter: Email address: ryan@openingdesign.com I wish to submit plans via SharePoint. SharePoint UserName: theoryshaw Project Information - Fill in all known information Site Number If Known: 858826 Project/Site Name: Cannery Trail Tenant Name or Building Designation: Cannery Trail Previous Tenant Name: Number and Street: 1750 N Oxford Ave, Eau Claire 54703 County: City X Village ☐ Town ☐ of Identical Buildings (NOTE: Complete a separate application for each non-identical building) Building/Facility Name/Designation **Building/Facility Address** Designer's Project Number (If Applicable) Add Additional Sheets if Needed 1.a. Type of Submittal or Service Requested (check all that apply) Alteration – Level 1 1 2 3 ☐ Addition/Alteration-Level: ☐ 1 ☐ 2 ☐ 3 ☐ Approval Extension Revision ☐ Footing & Foundation Plans Only Permission to Start Follow Up of a Denial Within 8 Months ☐ Preliminary Consultation (contact reviewer before scheduling or submitting) ☐ Building Shell ☐ Structural Framework Only ☐ Multiple Identical Buildings (see box 5) b. Objects Submitted for This Current Review (check all that apply) 🔀 Building □ HVAC ☐ Fire Suppression (see box 7) ☐ Fire Detection/Alarm (see box 7) Other Projects (Stand Alone from above) Bleacher ☐ Interior ☐ Exterior ☐ Kitchen Exhaust Hood ☐ Membrane Construction Canopy Rack Supported Storage Building Elevated Pedestrian Access c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply): Precast Plank ☐ Steel Girder ☐ Precast Wall ☐ Laminated Wood Roof Truss Floor Truss 2. Occupancy Type – Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies – Check all that Apply □ A1 □ A2 □ A3 □ A4 □ A5 ☐ I Institutional/Daycare/CBRF □ I1 □ I2 □ I3 □ I4 ☐ A Assembly B Business/Office ПВ \square M R1 R2 R3 R4 ☐ R Residential ☐ E Educational ☐ F1 ☐ F2 ☐ H1 ☐ H2 ☐ H3 ☐ H4 ☐ H5 ☐ S1 🔀 S2 ☐ F Factory/Industrial ☐ S Storage Utility/Misc. ☐ H Hazardous Area (project area, include all levels): 89,500 3. Construction Information - Construction Class - Check One □ IB ☐ IIA □ IIB □ IIIA If different, Heated/Ventilated Area: ☐ IA Sprinklered/Detector Protected Area: ____ ✓ VB ☐ IIIB \square IV □ VA Number of Floor Levels:

4. After plans are reviewed, please: (check all that apply) *Refers to customer number from below.					
☐ Call customer 2 1 ☐ 2 ☐ 3 ☐ 4 (check number)* ☐ Mail plans to customer ☐ 1 ☐ 2 ☐ 3 ☐ 4 (check number)*					
☐ Hold plans for pickup by designer designated agent.					
(Customer 1) Designer Information First Time Submitter ☐ Yes No	(Customer 2) Designer Information First Time Submitter ☐ Yes XNo				
First Name: Last Name Customer No.	First Name: Last Name Customer No.				
Ryan Schultz 1322626	Josh Hansen 947726				
Company Name: OpeningDesign	Company Name: Hovlands Inc				
Address: 316 W Washington Ave STE 675	Address: 10954 Melby St				
City: Madison State: WI Zip+4 (9 digits) 53703	City: Chippeaw Falls State: WI Zip+4 (9 digits) 54729				
Phone Number (area code) 773.425.6456	Phone Number (area code) 773.425.6456				
Email: ryan@openingdesign.com	Email: jhansen@hovlands-inc.com				
Check all applicable: ☐ Designer of Bldg ☐ HVAC ☐ Fire Alarm ☐ Fire Suppression	Check all applicable: ☐ Designer of ☐ Bldg ☐ HVAC ☐ Fire Alarm ☐ Fire Suppression				
☐ Supervising Professional of KBldg ☐ HVAC	☐ Supervising Professional of ☐ Bldg HVAC				
WI Designer Registration # A-11197-5 Exp. Date: 07/31/2020	WI Designer Registration # D 1757 H Exp. Date: 01/31/2022				
(Customer 3) Building Owner Information (not lessee) First Name Last Name Customer Number	(Customer 4) Other ☐ Mail to ☐ Carbon Copy First Name Last Name Customer Number				
Tyler Warner					
Company Name: Cannery Trail Residences LLC	Company Name:				
Address: City: State Zip+4 Cannery Trail Residences LLC 533 W. Main St 109, Madison, WI 53703	Address: City: State Zip+4				
Phone Number (area code) 608.345.9848	Phone Number (area code)				
Email: tyler@wcapitalgroupre.com	Email:				
5. Fire Protection Provide the following information on any fire alarm or fire suppression syster review to the office that reviewed any building plans for the project, except the plans. Submit plans for multi-purpose piping (MPP) systems as part of your Check system type as applicable. Building plans must also include this	nat our Hayward and Onalaska/La Crosse offices do not review fire protection plumbing plan submittal using the plumbing plan application, SBD-6154.				
FIRE ALARM	FIRE SUPPRESSION				
Complete Partial None	Complete Partial None				
	/pe:				
Central Station Remote Supervision Proprietary Supervision	FPA Fire Suppression Standards used 111 11A 12 13 13R 13D 13D – MPP 14 15 16 17 17R 17A 20 22 24 750 2001 Other				
Submitter Comments or Requests (Optional)					
-					
6. Other Potential Plan Submittals Required For A Project? Contact Industry Services for individual submittal requirements for all of Petition for Variance – Submit form SBD-9890	the following: - Boiler and Pressure Vessels under SPS 341				

- Plumbing and Private Sewage Systems under SPS 381-385
- Elevators or Escalators under SPS 318
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under
- Mechanical Refrigeration under SPS 345
- There is no required state Electrical review under SPS 316
- Position Statement under SPS 362.0903(18)
- Department of Health Services enforces building code requirements, including plan review, for hospitals and nursing homes. Daycare facilities must meet building codes prior to their licensing.
- For licensing of hotels, motels, restaurants, pools, campgrounds, and bed and breakfast establishments contact the Environmental Sanitation Section, 608-266-2835.
- The Wisconsin Permit Center, 1-800-435-7287, may be able to help you with other state permit requirements.

Note: Be aware that state plan review and approval is separate from local permits. Check with the local municipality and county for their requirements.

7. Required Signatures

a) Supervising Professionals: If building will be 50,000 cu ft or greater (SPS 361.40) I have been retained by the owner as the supervising professional per SPS 361.40 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.					
Signature below:	Print below: Ryan Schultz				
	04.08.2020				
Signature below:	Print below: Josh Hansen				
☐ Building ☐ HVAC Date:					
NOTE: Building supervising professional or registered designer is installation (if applicable)					
b) Component Submittal. The department requires that the project with the general design concept. The project designer, and departree-with the codes as they apply to their designs.					
04.08.202	Trusses: Select Truss & lumber, Inc Precast: County Materials				
Original Signature of Building Designer Date Sign	ned Name of Component Fabricator				
c) Optional Service-of Permission to Start Requested – (Be sure to check box under Building Submittal Type on front page) 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 will 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 Signature: Date:					
d) Novice designer, who will be personally responsible for pay	ment.				
Designer's Signature					
8. Statements of Owners and Designer					
a) OWNERS Statement: The owner indicated on page one requests that plans be reviewed for compliance with the code requirements set forth in SPS 360 to 366 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 361.31]. Signatures and seals affixed to the plans shall be original.					
b) DESIGNERS Statement (SPS 361.20, 361.31(1), and 361.40):	. Olgitatares and seals affixed to the plans shall be original.				

9. Fee Calculation Instructions Fee Schedule Summary: Wisconsin Building Code Calculate appropriate fee on page 4 and enter total on Page 5.

<u>Building, heating and ventilation, fire alarm and suppression plans</u>. Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with Table SPS 302.31-1 or Table 302.31-2

Table 302.31-1
Plan Review Fees for
Buildings Not Located in Municipalities That Perform Inspections as an agent of the Industry Services Division

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$300	\$180	\$50	\$50
2,500 - 5,000	350	250	100	100
5,001 - 10,000	600	350	150	150
10,001 - 20,000	800	450	200	200
20,001 - 30,000	1,200	600	250	250
30,001 - 40,000	1,600	900	400	400
40,001 - 50,000	2,100	1,200	550	550
50,001 - 75,000	2,900	1,600	800	800
75,001 - 100,000	3,600	2,200	1,100	1,100
100,001 - 200,000	6,000	2,900	1,400	1,400
200,001 - 300,000	10,500	6,700	3,300	3,300
300,001 - 400,000	15,500	9,800	4,800	4,800
400,001 - 500,000	18,500	12,000	6,300	6,300
Over 500,000	20,000	13,500	7,100	7,100

Table 302.31-2 Plan Review Fees for Buildings Located in Municipalities that Perform Inspections as an Agent of the Industry Services Division

This table may be utilized for projects in municipalities that are delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the department. Reduced fees do not apply to state owned buildings. Check the following list https://dsps.wi.gov/Documents/Programs/CommercialBuildings/DelegatedMunicipalities.pdf.

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$250	\$150	\$30	\$ 30
2,501 - 5,000	300	200	60	60
5,001 - 10,000	500	300	100	100
10,001 - 20,000	700	400	150	150
20,001 - 30,000	1,100	500	200	200
30,001 - 40,000	1,400	800	350	350
40,001 - 50,000	1,900	1,100	500	500
50,001 - 75,000	2,600	1,400	700	700
75,001 - 100,000	3,300	2,000	1,000	1,000
100,001 - 200,000	5,400	2,600	1,200	1,200
200,001 - 300,000	9,500	6,100	3,000	3,000
300,001 - 400,000	14,000	8,800	4,400	4,400
400,001 - 500,000	16,700	10,800	5,600	5,600
Over 500,000	18,000	12,100	6,400	6,400

NOTES:

- A. **Plan entry fee of \$100.00** shall be submitted with each submittal of plans to the department in addition to the plan review and inspection fees with the exception of structural component submittals.
- B. A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time:** The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 302.31-1 or 302.31-2 on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

10. CALCULATION OF FEES

Α.	<u>Determine Project Area</u> : The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of
	columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines,
	industrial equipment platforms, balconies, lofts, decks, all stories and all roofed areas including porches and garages, except for
	cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total project area is the summation of all
	floor areas that are part of this project. Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X V	/idth =	= Area
		Χ	:	=
		Χ	:	= <u></u>
		Χ	:	=
		Χ	=	=
		X	:	=
		Total Project Area	a :	=

B. <u>Determine Fee Table:</u> Determine the appropriate fee table based on the project location.

C.	Compute Total Fee
•	Building Fee (from table)

Plan approval extension

Ο.	Odnipate Total Lee						
•	Building Fee (from table)	[\$00] + [No. of Add'l ident	tical Bldgs	X Min. Fee \$.00] =	\$	00
•	HVAC Fee (from table)	[\$00] + [No. of Add'l ident	tical Bldgs	X Min. Fee \$.00] =	\$	00
•	Fire Alarm Fee (from table)	[\$00] + [No. of Add'l ident	tical Bldgs	X Min. Fee \$.00] =	\$	00
•	Fire Suppression Fee (from table	[\$00] + [No. of Add'l ident	tical Bldgs	X Min. Fee \$.00] =	\$	00
•	Miscellaneous Fee	No. of Buildings x \$250.0	0			\$	00
	(plans submitted within 8 months of	f denial, separate footing/foundat	ion, independent b	oleacher plans			
	more than 10 feet apart, structural f	framework, kitchen exhaust hood	s, etc)				
•	Permission to Start Construction	No. of Buildings X (\$75	5.00)			\$	00
•	Revision to previously reviewed,	but not denied, plans No. of E	Buildings <u>1</u> X	(\$75.00)		\$ <u>75</u>	00
	(This includes submittal of revised p	olans, within 30 days, after an ad	ditional information	n/hold action)			
•	Additional number of plan sets	No. of Plan sets in excess of 5 _	X (\$25.00/se	et)		\$	00
•	Components					\$	00
	Trusses, precast, metal bldg, joist g	girders, etc. If submitted with a cu	urrent building pro	ject, the minimum			
	\$100 submittal fee has been met. If	f submitted as a follow up to a pre	eviously submitted	I plan there is no a	dditional		
	fee. If submitted as a stand-alone p	project or submitted following fina	al inspection of the	building, fee is \$2	250.		
•	Other					\$.00
•	Submittal Fee (required for each an	nd every separate submittal of ch	oices above with t	he exception of st	ructural		
	building component submittal)					\$	<u>100</u> .00
•	Additional sets of approved plan se	ts requested after plan approval	No. of plan sets	X (\$25.00)		\$	00

Make checks payable to Industry Services Division	Total Amount Due	\$ <u>75</u>
If designer wishes to be invoiced, complete box 7d on page 3.		Revenue Code 7648

11. Appointment, Scheduling Information, and Plan Submittal Checklist.

(\$120.00)

To schedule for other than revisions – do not use this form. Instead you can use IS's 24-hour web scheduling site: Plan Review Scheduling to request an appointment date while you are still working on the plans.

For revision reviews, stand-alone HVAC reviews, and stand-alone fire appointments, email this form to dspssbplanschedule@wi.gov or fax to 877-840-9172.

Web scheduling allows you to request an appointment time. You will receive via email an appointment confirmation with an appointment date, transaction ID number, assigned reviewer, and required fees based on what you entered. Scheduled plans must be received in the office of the appointment no later than two working days before the confirmed appointment. Check our Website: http://dsps.wi.gov/Plan-Review. You may email technical code questions to DspsSbBuildingTech@wi.gov.

Madison

4822 Madison Yards Way 53705 PO Box 7302

Madison, WI 53707-7302

TYY Contact Through Relay

Fax (for sending questions or additional info to reviewers) 608-283-7404

Havward

10541 N. Ranch Road Hayward, WI 54843

715-634-4870

Fax (for sending questions or additional info to reviewers) 715-634-5150

Onalaska/La Crosse

2850 Midwest Dr, Ste 104 Onalaska, WI 54650

608-785-9334

Fax (for sending questions or additional info to reviewers) 608-785-9330

Green Bay

2331 San Luis Place Green Bay, WI 54304

920-492-5601

Fax (for sending questions or additional info to reviewers) 920-492-5604

Waukesha

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141 NW Barstow Street 4th Floor Waukesha, WI 53188-3789

262-548-8600

Fax (for sending questions or additional info to reviewers) 262-548-8614