DIVISION OF INDUSTRY SERVICES
2331 SAN LUIS PL STE 150
GREEN BAY WI 54304-5211
Contact Through Relay
http://dsps.wi.gov/programs/industry-services
www.wisconsin.gov

Tony Evers, Governor Dawn B. Crim, Acting Secretary

May 30, 2019

CUST ID No. 1322626

RYAN SCHULTZ OPENINGDESIGN 2042 BARBER DR STOUGHTON WI 53589



CANNERY TRAIL RESIDENCES LLC TYLER WARNER 533 W MAIN ST 109 MADISON WI 53703

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 cancelation notice.

If You Need To Contact Us To Cancel, Reschedule, Or Correct Information: Please let us know via email to 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.

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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	Confirmation Information	
Site ID	858776	Transaction ID	3264769
Site Name	1720 N Oxford Ave	*Previous Transaction ID	
Site Address	1720 N Oxford Ave Eau Claire 54703	Appointment Date	8/16/2019
Site Municipality and County	City Of Eau Claire , Eau Claire County f you prefer we notify designer for plan		This is based on any plan review office preference you indicated. Plans must be in our office 2 business days prior to this date. Earlier submittal may allow an earlier review if staff availability
pick-up (rather than mailing)		†Estimated Review Completion Date	8/19/2019
Check if you are using this form ONLY for a		Assigned Reviewer	Laurence J Wiest Laurence.Wiest@Wi.Gov
plan submit	omponent submittal following building tal, which you submit to the office of	Assigned Office	Green Bay
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.		File Type	e-File (SharePoint)
		SharePoint Login ID	theoryshaw
		Project Reference	
†Actual approval may be delayed due to incomplete plans or unforeseen service demands.		Required Fee: Based on your online entries, (Use the Application Form Fee	\$425 - Choose payment option below:
*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.		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.	Make checks payable to DEPT. OF SAFETY & PROFESSIONAL SERVICES. OR Invoice Designer, who will be personally responsible for payment. Designer Signature:
establish equiva	ermits any person affected by a rule of the department of the rule, be provided on the form from tion statement and municipal recommendation	n the department and be submitted	

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

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Customers For This Plan:

Cust ID	Name	Contact	Address	Relationships	If Designer or Supervising Professional, enter WI Designer Registration Number & Exp. Date
	CANNERY TRAIL RESIDENCES LLC (608)345-9848	TYLER WARNER	533 W MAIN ST 109 MADISON WI 53703	Owner,	
1322626	RYAN SCHULTZ (773) 425-6456	OPENINGDESIGN	2042 BARBER DR STOUGHTON WI 53589	Supervising Professional, Designer	

To check the status of your project go to our website, <u>Plan Status</u> 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 <u>ePlan Review SharePoint site</u>. To submit plans electronically, please use the SharePoint Login ID as entered on your plan review application form and refer to the <u>SharePoint Instructions for Submitters</u> document for details. **Please report any technical problems with the electronic review process to the following e-mail box:** <u>DSPSElectronicPlanSubmittalTech@wi.gov.</u>

OBJECTS:

Facility:793583 CANNERY TRAIL RESIDENCES 1720 N OXFORD AVE EAU CLAIRE 54703

Object Type: Building ICC Regulated Object No.: 1830163 Code Applies Date: 05/30/19 Combined Footing & Foundation Review only & Permission to Start; Combined Footing & Foundation Review only & Permission to Start; Major Occupancy: Residential; Type VB Combustible Unprotected class of construction; New plan; 89500 project sq ft; Completely Sprinklered; Occupancy: S-2 Storage Low-Hazard; Sprinkler Design: NFPA-13 Sprinkler

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 <u>DspsSbPlanSchedule@wi.gov</u> as soon as possible): Kitchen Exhaust Hood Kitchen Exhaust Hood **Roof Truss Roof Truss** Floor Truss Floor Truss Steel Girder Steel Girder 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 Suppression: Fire Alarm: Complete Partial Coverage: None **Coverage:** Complete | Partial | Type: Pre-action/Deluge Wet Dry Type: Automatic Detection | Manual Alarm Anti-Freeze Manual Wet NFPA Fire Suppression Standards Used: **Monitoring Type: Proprietary Supervision** 11 Central Station 11A 13 13R 13D 15 16 17 Remote Supervision **Protected Premises** 17R 20 22 17A 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

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(SPS 361). Signatures and seals affixed to the plans shall be original.

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Rec	mired	Sign	atures:
IXCU	uncu	DIZII	atui cs.

1					
supervising professional professional professional determine if the construct construction, I will file a sund belief, construction has	per SPS 361 for the perion is in substantial convertee statement with as or has not been perionger associated with	rformance of the sup- ompliance with the ap the Department and formed in substantial this project I will file	ervision of reasonable oproved plans and spec municipality certifying compliance with the a	en retained by the owner as the on-the-site observations to ifications. Upon completion of g that, to the best of my knowledge pproved plans and specifications. ent (SBD-9720) notifying the	
Signature	Date	Print Name			
				Building HVAC	
-				Building HVAC	
PRIOR to plan review appreplace any non-code com	proval. I agree to make applying construction. It is filed prior to earth-make the foundation until a	te any changes requir I understand that eros noving activities that approved plans are at	ed after plans have bee ion control plans shall involve more than one the site.	footing and foundation work en reviewed, and to remove or be prepared and a Notice of Intent acre in area. The owner shall not	
Owner's Signature		Print	Date		
Deferred Structural Cor	nponent Submittals	after Building Appr	oval: Check componer	nts submitted:	
Roof Truss	Metal Bldg	Ste	eel Girder	Precast Plank	
Floor Truss	Fire Escape	La	minated Wood	Precast Wall	
	he project designer, a			submittals for compliance with the omponent designers for compliance	
Original Signature of Building Designer		Print		Date	
Madison 1400 E Washington Ave Madison, WI	Hayward 10541N Ranch Rd Hayward, WI	La Crosse/Holmen 3824 Creekside Ln Holmen, WI	Green Bay 2331 San Luis Pl Green Bay, WI	Waukesha 141 NW Barstow St, 4th Floor Waukesha, WI	
53703	54843	54636	54304	53188	
608-266-3151	715-634-4870	608-785-9334	920-492-5601	262-548-8600	