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

Scott Walker, Governor Dave Ross, Secretary

July 24, 2015

CUST ID No. 1322626

RYAN SCHULTZ OPENINGDESIGN 312 W LAKESIDE ST MADISON WI 53715

## **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.

PLEASE NOTE: The Payment Voucher process was suspended on 9/12/2013. Effective immediately, Payment for <u>Paper</u> Plan Review may be made via Invoice or Check attached to this Confirmation Form only. In Addition, Payment for Electronic Plan Review may be made via Invoice only.

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 <a href="http://www.dsps.wi.gov/Plan-Review/Plan-Status">http://www.dsps.wi.gov/Plan-Review/Plan-Status</a>. 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 <a href="http://dsps.wi.gov/Plan-Review">http://dsps.wi.gov/Plan-Review</a> 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	813559	Tours and in a ID	2500420		
Site Name	Xcel Sports Complex	Transaction ID	2580428		
Site Address	Pitzner Pkwy	*Previous Transaction ID	2565163		
Site	City of Jefferson, Jefferson County	Appointment Date	8/11/2015		
Municipality			This is based on any plan review		
and County		4	office preference you indicated.		
			Plans must be in our office <u>2</u> business days prior to this date.		
Check if ve	ou prefer we notify designer for plan		Earlier submittal may allow an		
	er than mailing)		earlier review if staff availability		
pick-up (rathe	i than mannig)		occurs.		
		†Estimated Review	8/12/2015		
Check if vo	ou are using this form ONLY for a	Completion Date			
	ponent submittal following building	Assigned Reviewer	Donald L Diedrick		
	, which you submit to our Madison		don.diedrick@wisconsin.gov		
office only.		Assigned Office	Green Bay		
<i>--</i>		File Type	Paper		
Please note: If	you are able to submit your plans	SharePoint Login ID			
	required date, there is a	Project Reference	ф. <b>2</b> 000 00		
possibility that they can be reviewed sooner if time and schedules permit.		Required Fee: Based on	\$ 3,000.00		
		your online entries, (Use	- Choose payment option below:		
		the Application Form Fee Calculation			
†Actual approval may be delayed due to incomplete plans or unforeseen service demands.		instructions to verify fee)	PROFESSIONAL SERVICES.		
		– Please check one of the	OR		
prais or amores.	sen ser vice demands.	boxes to the right to	☐ Invoice Designer, who will be		
		indicate desired method	personally responsible for		
*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		of payment.	payment.		
			Designer Signature:		
	ot expired, you may elect below to use th		**		
revision, HVAC and fire protection submittals related to that building. Note that this follow-up submittal's approval					
would then expir	re no later than the parent building approv	al.			
CDC 202 02 Do	maits any namen affected by a mile of the	denoutment to notition for a	varion as from the mule. The		
	rmits any person affected by a rule of the establish equivalency to the rule, be prov				
	ee and fire department position statement				
accompanying it	and the department position statement	ana mamerpar recommenda	non n required.		
☐ Please re	eview under the code in effect at the time	of the parent building appro	val.		

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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
1320298	XCEL	TODD GOLDBECK	4860 HIGHWOOD CIRCLE MIDDLETON WI 53562	Owner	
1322626	RYAN SCHULTZ	OPENINGDESIGN	312 W LAKESIDE ST MADISON WI 53715	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.

### **OBJECTS:**

Facility: 751266 XCEL SPORTS COMPLEX

PITZNER PKWY

Object Type: Building ICC Regulated Object ID No.: 1543519 Code Applies Date: 06/25/15 Building & Architectural Review; Major Occupancy: Assembly; Type IIB Metal Frame Unprotected class of construction; New plan; 50,800 project sq ft; Occupancy: A-3 Other Assembly Uses; 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 <a href="mailto:DspsSbPlanSchedule@wi.gov">DspsSbPlanSchedule@wi.gov</a> as soon as possible):

(	) Kitchen Exhaust Hood		
(	) Roof Truss	(	) Metal Bldg
(	) Floor Truss	(	) Fire Escape
(	) Steel Girder	(	) Precast Plank
(	) Laminated Wood	(	) Precast Wall

### **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 Holmen office does 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.

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Fire Alarm:	Fire Suppression:
Coverage: ( ) Complete ( ) Partial ( ) None	Coverage: ( ) Complete ( ) Partial ( ) None
Type: ( ) Automatic Detection ( ) Manual Alarm	Type: ( ) Wet ( ) Dry ( ) Pre-action/Deluge
N/ '4 ' /D	( ) Anti-Freeze ( ) Manual Wet
Monitoring Type:	NFPA Fire Suppression Standards Used:
<ul><li>( ) Central Station ( ) Proprietary Supervision</li><li>( ) Remote Supervision ( ) Protected Premises</li></ul>	()11 ()11A ()12 ()13 ()13R ()13D ()14 ()15 ()16 ()17
( ) Remote Supervision ( ) Protected Fremises	() 17B () 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 reques	sts that plans be reviewed for compliance with the code
	partment. The owner recognizes responsibility for compliance
	al. If a building is 50,000 cubic feet in total volume or greater,
	y a Wisconsin registered engineer or architect (SPS 361-365).
Signatures and seals affixed to the plans shall be original.	
<b>Designer's Statement:</b> (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	
Division of Industry Services for this submittal. If a building	
50,000 cubic feet in volume, plans are required to be prepare	
engineer, architect, or designer (SPS 361). Signatures and se	eals affixed to the plans shall be original.
Required Signatures:	
supervising professional per SPS 361 for the performance of determine if the construction is in substantial compliance wi construction, I will file a written statement with the Departm knowledge and belief, construction has or has not been performance of determine if the construction is in substantial compliance with the Department of the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the determine in the construction is a substantial compliance with the construction is a substantial comp	th the approved plans and specifications. Upon completion of the and municipality certifying that, to the best of my bormed in substantial compliance with the approved plans and the this project I will file a compliance statement (SBD-9720)
Signature Date P	rint Name
	( ) Building ( ) HVAC
	( ) Building ( ) HVAC
Optional Service - Permission To Start Requested: ( ) A	
PRIOR to plan review approval. I agree to make any change	
replace any non-code complying construction. I understand t	
	activities that involve more than one acre in area. The owner
shall not permit construction above the foundation until appr	
(Additional \$75.00 fee per building) Request is for the follo	
Owner's Signature Print	Date

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Deferred Structural Component Submittals after Building Approval: Check components submitted:				
<ul><li>( ) Roof Truss</li><li>( ) Floor Truss</li></ul>	<ul><li>( ) Metal Bldg</li><li>( ) Fire Escape</li></ul>	<ul><li>( ) Steel Girder</li><li>( ) Laminated Wood</li></ul>	<ul><li>( ) Precast Plank</li><li>( ) Precast Wall</li></ul>	
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 Bui	lding Designer	Print	Dat	te

Madison	Hayward	La Crosse/Holmen	Green Bay	Waukesha
1400 E Washington Ave	10541N Ranch Rd	3824 N Creekside Ln	2331 San Luis Pl	141 NW Barstow St, 4 <sup>th</sup> Floor
Madison, WI	Hayward, WI	Holmen, WI	Green Bay, WI	Waukesha, WI
53703	54843	54636	54304	53188