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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Wisconsin Department of Safety and Professional Services  **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.] | | | | | | | | | | | | Office Use Only: Trans ID: | | |  | |
| Assigned Reviewer: | | |  | |
| Assigned Office: | | |  | |
| Reviewer Start Date\*: | | |  | |
| For on-line scheduling building, HVAC, and fire plans, use the web scheduler link under Plan Review at dsps.wi.gov. | | | | | | | | | **Enter Previous Related Trans ID if applicable:** | | | | | | | | **2565163** |
| **This form is to be used only for mailing or dropping off plans without an appointment, scheduling a revision or stand-alone HVAC or fire plan, or submitting structural component plans.** If you wish to schedule via fax or email, see Box 13 for further information. Industry Services may redistribute plans to another office if needed to reasonably balance turnaround times. You may monitor the status of your plan under [Plan Review/Plan Status](http://dsps.wi.gov/Plan-Review/Plan-Status/) at [dsps.wi.gov](http://dsps.wi.gov/).  Desired Appointment Date:   7/30/2015 | | | | | If no previous related transaction is provided, plan review will be based on the current code, except for revisions. If a previous related transaction 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 approval. Note that this submittal's approval would then expire no later than the parent building approval.  Please review under the code in effect at the time of the parent building approval.  For Scheduling Revisions or stand-alone plans, enter date plan will be in our office:        Where should we send the appointment confirmation:  Email: | | | | | | | | | | | | |
| I wish to submit plans via SharePoint. SharePoint UserName: | | | | |  | | | | | | | | | | | | |
| **1.a.** **Type of Submittal or Service Requested (check all that apply)**  New | | **2. Occupancy Type** Major Use – Check Use with the Greatest Floor Area | | | | | Additional Non-Accessory Occupancies – Check All that Apply) | | | | | | | 3. **Construction Information** – Construction Class – Check One  IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB | | | |
| Alteration – Level  1  2  3 | | A Assembly | | | | | A1  A2  A3  A4  A5 | | | | | | |  | | | |
| Addition/Alteration-Level:  1  2  3 | | B Business/Office | | | | | B | | | | | | | Area (project area, include all levels):    50000   sq ft | | | |
| Approval Extension | | E Educational | | | | | E | | | | | | | If different, Heated/Ventilated Area:       sq ft | | | |
| Revision | | F Factory/Industrial | | | | | F1  F2 | | | | | | | Sprinklered/Detector Protected Area:   50000    sq ft | | | |
| Footing & Foundation Plans Only | | H Hazardous | | | | | H1  H2  H3  H4  H5 | | | | | | | Number of Floor Levels:   1 | | | |
| Permission to Start | | I Institutional/Daycare/CBRF | | | | | I1  I2  I3  I4 | | | | | | | Total Building Volume < 50,000 Cu. Ft.  Yes  No | | | |
| Follow Up of a Denial Within 8 Months | | M Mercantile/Retail | | | | | M | | | | | | |  | | | |
| Preliminary Consultation (contact | | R Residential | | | | | R1  R2  R3  R4 | | | | | | |  | | | |
| reviewer before scheduling or submitting) | | S Storage | | | | | S1  S2 | | | | | | |  | | | |
| Structural Framework Only | | U Utility/Misc. | | | | | U | | | | | | |  | | | |
| Building Shell | | **4. Project Information – Fill in all known information** | | | | | | | | | | | | | **Site Number If Known:** | | |
| Multiple Identical Buildings (see box 5) | | Project/Site Name: | Xcel Sports complex | | | | | | | | | | | | | | |
| Number of Buildings: | | Tenant Name or Building Designation: | | | | Xcel Sports complex | | | | | | | | | | | |
| **b. Objects Submitted for Review as** | | Previous Tenant Name: | |  | | | | | | | | | | | | | |
| **Current Review (check all that apply)** | | Number and Street: | Pitzner Pkwy | | | | | | | | | | | | | | |
| Building  HVAC | | County:   Jefferson | | | | | City  Village  Town  of | | | | Jefferson | | | | | | |
| Fire Suppression (see box 7) | | **5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)** | | | | | | | | | | | | | | | |
| Fire Detection/Alarm (see box 7) | | Building/Facility Name/Designation | | | | | | | | Building/Facility Address | | | | | | | |
| **Other Projects** (Stand Alone from above) | |  | | | | | | | |  | | | | | | | |
| Bleacher  Interior  Exterior | |  | | | | | | | |  | | | | | | | |
| Canopy | |  | | | | | | | |  | | | | | | | |
| Kitchen Exhaust Hood | | Designer’s Project Number (If Applicable) | | | | | | | | | | | | | Add Additional Sheets if Needed | | |
| Membrane Construction | | **6. After plans are reviewed, please: (check all that apply)** | | | | | | | | | | **\*Refers to customer number from below.** | | | | | |
| Rack Supported Storage Building | | Call customer  1  2  3  4 (check number)\*  Mail plans to customer  1  2  3  4 (check number)\* | | | | | | | | | | | | | | | |
| Elevated Pedestrian Access | | Hold plans for pickup by designer designated agent. | | | | | | | | | | | | |  | | |
| **c. Structural Component Plan(s) which** | | **(Customer 1)** **Designer Information** First Time Submitter  Yes  No | | | | | | | | **(Customer 2)** **Designer Information** First Time Submitter  Yes  No | | | | | | | |
| **Accompany this current plan submittal** | | First Name: Last Name Customer No. | | | | | | | | First Name: Last Name Customer No. | | | | | | | |
| **(check all that apply):** | | Ryan   Schultz    1322626 | | | | | | | |  | | | | | | | |
| Roof Truss  Metal Bldg | | Company Name:   OpeningDesign | | | | | | | | Company Name: | | | | | | | |
| Floor Truss  Precast Plank | | Address:    312 W. Lakeside St | | | | | | | | Address: | | | | | | | |
| Steel Girder  Precast Wall | | City:   Madison    State:WI Zip+4 (9 digits)    53715 | | | | | | | | City:       State:       Zip+4 (9 digits) | | | | | | | |
| Laminated Wood | | Phone Number (area code)    773.425.6456   Email: | | | | | | | | Phone Number (area code)       Email: | | | | | | | |
|  | | 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  Bldg  HVAC  WI Designer Registration #   A-11197-5    Exp. Date: | | | | | | | | Supervising Professional of  Bldg  HVAC  WI Designer Registration #       Exp. Date: | | | | | | | |
| **(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 | | | | | | | | | |
| Todd   Goldbeck  1320298 | | | | | | | |  | | | | | | | | | |
| Company Name:   Xcel | | | | | | | | Company Name: | | | | | | | | | |
| Address:    4860 Highwood Circle   City: Middleton State WI Zip+4 (9 digits) 53562 | | | | | | | | Address:       City:       State       Zip+4 (9 digits) | | | | | | | | | |
| Phone Number (area code): 608-279-6960 Email:    todd@xcel.net | | | | | | | | Phone Number (area code):       Email: | | | | | | | | | |

**7. Fire Protection**

Provide the following information on any fire alarm or fire suppression system.  If not part of this submittal, they will generally need to be submitted for review to the office that reviewed any building plans for the project, except that our Hayward and Holmen offices do not review fire protection plans.  Submit plans for multi-purpose piping (MPP) systems as part of your plumbing plan submittal using the plumbing plan application, SBD-6154.

**Check system type as applicable. Building plans must also include this information to determine allowable building area / heights**

|  |  |
| --- | --- |
| **FIRE ALARM**  Complete  Partial  None  Type:  Automatic Detection  Manual Alarm  Monitoring Type:  Central Station  Remote Supervision  Proprietary Supervision  Protected Premises | **FIRE SUPPRESSION**  Complete  Partial  None  Type:  Wet  Dry  Pre-action/Deluge  Anti-Freeze  Manual Wet  **NFPA Fire Suppression Standards used**  11  11A  12  13  13R  13D  13D – MPP  14  15  16  17  17R  17A  20  22  24  750  2001  Other |

Submitter Comments or Requests (Optional)

|  |
| --- |
|  |
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**8. Other Potential Plan Submittals Required For A Project?**

* Contact Industry Services for individual submittal requirements for all of the following:
* Petition for Variance – Submit form SBD-9890 - Boiler and Pressure Vessels under SPS 341
* Plumbing and Private Sewage Systems under SPS 381-385 - Mechanical Refrigeration under SPS 345
* Elevators or Escalators under SPS 318 - There is no required state Electrical review under SPS 316
* Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under SPS 390
* **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.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9. 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 | | | | | | |  | Print | | | | | | |  |
|  | | | | | | |  | Ryan Schultz | | | | | | | Building  HVAC Date: |
|  | | | | | | |  |  | | | | | | | Building  HVAC Date: |
|  | | | | | | |  |  | | | | | | |  |
| NOTE: Building supervising professional or registered designer is responsible for supervision of the fire suppression/fire alarm installation (if applicable) | | | | | | | | | | | | | | | |
| **b) Component Submittal**. The department 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. | | | | | | | | | | | | | | | |
|  | |  | | | |  | | | | | | | |  | |
|  | **Original Signature of Building Designer** | | | | **Date Signed** | | | | | | | | **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)**  Invoice designer, who will be personally responsible for payment. | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | |
| **Designer’s Signature** | | | |  | | | | | | | | | | | |
|  | | | |  | | | | | |  | |  | | | |

**10. 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): The designer indicated on page one 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 Industry Services Division 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 [SPS 361.31(1)]. Signatures and seals affixed to the plans shall be original.

**11. Fee Calculation Instructions**

**Fee Schedule Summary: Wisconsin Building Code**

**Calculate appropriate fee on page 4 and enter total on Page 4.**

**Building, heating and ventilation, fire alarm and suppression plans.** 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 our website home page at [http://dsps.wi.gov/Documents/Industry%20Services/Forms/Commercial%20Buildings/SB-CommBldgDeleMunis.pdf](http://dsps.wi.gov/Documents/Industry Services/Forms/Commercial Buildings/SB-CommBldgDeleMunis.pdf) for the current list.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**

1. **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.
2. 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.

**12. CALCULATION OF FEES**

1. **Determine Project Area:** 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 Width = Area

            X       =      

            X       =      

            X       =      

            X       =      

            X       =      

Total Project Area =      

**B. Determine Fee Table:** Determine the appropriate fee table based on the project location.

1. C. Compute Total Fee

* **Building** Fee (from table) [$     .00] + [No. of Add'l identical Bldgs       X Min. Fee $     .00] = $     .00
* **HVAC** Fee (from table) [$     .00] + [No. of Add'l identical Bldgs       X Min. Fee $     .00] = $     .00
* **Fire Alarm** Fee (from table) [$     .00] + [No. of Add'l identical Bldgs       X Min. Fee $     .00] = $     .00
* **Fire Suppression** Fee (from table [$     .00] + [No. of Add'l identical Bldgs       X Min. Fee $     .00] = $     .00
* **Miscellaneous** Fee No. of Buildings       x $250.00 $     .00

(plans submitted within 8 months of denial, separate footing/foundation, independent bleacher plans   
more than 10 feet apart, structural framework, etc)

* **Permission to Start Construction** No. of Buildings       X ($75.00) $     .00
* **Revision to previously reviewed, but not denied, plans** No. of Buildings       X ($75.00) $     .00

(This includes submittal of revised plans, within 30 days, after an additional information/hold action)

* **Additional number of plan sets** No. of Plan sets in excess of 5       X ($25.00/set) $     .00
* **Components** $     .00

Trusses, precast, metal bldg, joist girders, etc. If submitted with a current building project, the minimum   
$100 submittal fee has been met. If submitted as a follow up to a previously submitted plan there is no additional

fee. If submitted as a stand-alone project or submitted following final inspection of the building, fee is $250.

* Other $\_\_\_\_\_\_\_\_\_\_.00
* Submittal Fee (required for each and every separate submittal of choices above with the exception of structural

building component submittal) $ **100.00**

* Additional sets of approved plan sets requested after plan approval No. of plan sets      X ($25.00) $     .00
* Plan approval extension ($120.00) $     .00

|  |  |  |
| --- | --- | --- |
| Make checks payable to Industry Services Division | Total Amount Due | $ |
| If designer wishes to be invoiced, complete box 9d on page 2. |  | Revenue Code 7648 |

**13. Appointment, Scheduling Information, and Plan Submittal Checklist.  
  
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](http://dsps.wi.gov/Online-Services/Industry-Services/Commercial-Plan-Review-Scheduler/)  **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**](mailto: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](file:///C:\Users\rdahmen\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\3UUJYRHA\DspsSbBuildingTech@wi.gov).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Madison**  1400 E. Washington Avenue 53703  PO Box 7162  Madison, WI 53707-7162  608-266-3151  TYY Contact Through Relay  Fax (for sending questions or additional info to reviewers)  608-267-9566 | **Hayward**  10541 N. Ranch Road  Hayward, WI 54843  715-634-4870  Fax (for sending questions or additional info to reviewers) 715-634-5150 | **La Crosse Area**  3824 N. Creekside Lane  Holmen, WI 54636  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**  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 |