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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: 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 dspssbplanschedule@wi.gov. Industry Services may redistribute submittals related to that building approval. Note that this submittal's approval would 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:** Where should we send the appointment confirmation letter: Email address: ☐ I wish to submit plans via SharePoint. SharePoint UserName: Site Number If Known: Project Information - Fill in all known information Project/Site Name: Tenant Name or Building Designation: Previous Tenant Name: Number and Street: City ☐ Village ☐ Town ☐ of County: 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 ☐ 2 ☐ 3 ☐ Addition/Alteration-Level: ☐ 1 ☐ 2 ☐ 3 ☐ Approval Extension ☐ Footing & Foundation Plans Only ☐ Revision 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) Number of Buildings: 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 Rack Supported Storage Building Elevated Pedestrian Access c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply): ☐ Roof Truss ☐ Floor Truss ☐ Precast Plank ☐ Steel Girder ☐ Precast Wall ☐ Laminated Wood 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 ☐ F Factory/Industrial ☐ F1 ☐ F2 ☐ S Storage ☐ S1 ☐ S2 ☐ H1 ☐ H2 ☐ H3 ☐ H4 ☐ H5 Utility/Misc. Πυ ☐ H Hazardous Area (project area, include all levels): ______ sq ft 3. Construction Information - Construction Class - Check One If different, Heated/Ventilated Area: _____sq ft □ IB ☐ IIA □ IIIA ☐ IA □ IIB Sprinklered/Detector Protected Area: _____ sq ft

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Number of Floor Levels:

Total Building Volume < 50,000 Cu. Ft. ☐ Yes ☐ No

4. After plans are reviewed, please: (check all that apply) *Refers to customer number from below.						
\square Call customer \square 1 \square 2 \square 3 \square 4 (check number)* \square Mail plans to	customer					
☐ 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 ☐ No					
First Name: Last Name Customer No.	First Name: Last Name Customer No.					
Company Name:	Company Name:					
Address:	Address:					
City: State: Zip+4 (9 digits)	City: State: Zip+4 (9 digits)					
Phone Number (area code)	Phone Number (area code)					
Email:	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	☐ Supervising Professional of ☐ Bldg ☐ HVAC					
WI Designer Registration # Exp. Date:	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					
Company Name:	Company Name:					
Address: City: State Zip+4	Address: City: State Zip+4					
Phone Number (area code)	Phone Number (area code)					
Email:	Email:					
5. Fire Protection Provide the following information on any fire alarm or fire suppression system 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	at 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					
<u>_</u> '	rpe: ☐ Wet ☐ Dry ☐ Pre-action/Deluge					
Manual Alarm	Anti-Freeze Manual Wet					
☐ Central Station ☐ ☐ Remote Supervision ☐ ☐ Proprietary Supervision ☐	FPA 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)						
6. Other Potential Plan Submittals Required For A Project? Contact Industry Services for individual submittal requirements for all of t Petition for Variance – Submit form SBD-9890 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 SPS 390 Department of Health Services enforces building code requirements	 Boiler and Pressure Vessels under SPS 341 Mechanical Refrigeration under SPS 345 There is no required state Electrical review under SPS 316 					

• 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

must meet building codes prior to their licensing.

requirements.

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For licensing of hotels, motels, restaurants, pools, campgrounds, and bed and breakfast establishments contact the Environmental Sanitation Section,

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:		
☐ Building	□HVAC	Date:			
Signate	ure below:		Print below:		
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.					
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 design	ner, who will be personally re	sponsible for paymer	nt.		
Designer's Signatur	Designer's Signature				
8. Statements of Own	ers 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.

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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

rea (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.

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10. CALCULATION OF FEES

		10.07	(2002)(11	011 01 1 220			
A.	Determine Project Area: Columns where there is no vindustrial equipment platform cantilevered canopies on the floor areas that are part of the	vall. Area includes all floor ns, balconies, lofts, decks, a e building wall. Use the roo	levels such all stories a of area for f	n as subbaseme and all roofed ar ree standing car	nts, basen eas includ nopies. To	nents, ground fl ing porches and otal project area	oors, mezzanines, d garages, except for
	Floor Level (specify)	Length	Χ	Width	=	Area	
		•	X		=	700	
			X				
					=		
			X		=		
			Χ		=		
			Χ		=		
			Total Proje	ect Area	=		
В.	Determine Fee Table: Det	ermine the appropriate fee	table base	d on the project	location.		
•	Compute Total Fee Building Fee (from table) HVAC Fee (from table) Fire Alarm Fee (from table) Fire Suppression Fee (from table) Miscellaneous Fee (plans submitted within 8 montimore than 10 feet apart, structe Permission to Start Construct Revision to previously review (This includes submittal of revised Additional number of plan second Components Trusses, precast, metal bldg, journal submittal fee has been made. If submitted as a stand-alace Other Submittal Fee (required for each standard context)	No. of Buildings	dd'l identica dd'l identica dd'l identica x \$250.00 /foundation ust hoods, _ X (\$75.00 No. of Buil er an additi ss of 5 with a curre o to a previe wing final ir	al Bldgs X al Bldgs X al Bldgs X , independent bleetc) b) ldings X (\$ onal information/ X (\$25.00/set) ent building projections of the best properties of the	575.00) hold action ct, the mini lan there is uilding, fee	.00] = .0	\$00 \$00 \$00 \$00 \$00 \$00 \$00 \$00
•	building component submittal) Additional sets of approved pla	n sets requested after plan a			X (\$25		\$00 \$00
	``	(120.00)				•	\$00
	Make checks payable to Indus	stry Services Division		Total Amo	unt Due	\$	
	If designer wishes to be invoice	ed, complete box 7d on page	ge 3.				Revenue Code 7648
	11. Appointment, Schedulin	g Information, and Plan S	Submittal (Checklist.			
1	To schedule for other than re Review Scheduling to reques For revision reviews, stand- dspssbplanschedule@wi.go	et an appointment date whalone HVAC reviews, and	nile you ar	e still working	on the pla	ins.	
; ;	Web scheduling allows you to appointment date, transaction be received in the office of the http://dsps.wi.gov/Plan-Review	request an appointment tim ID number, assigned reviev appointment no later than t	wer, and re two workin	equired fees base g days before th	ed on wha	t you entered. ed appointment.	Scheduled plans must
Ī	Madison	Hayward	Onalaska	/La Crosse	Green Ba	у	Waukesha
	4922 Madison Vards Way 52705	105/11 N. Panch Poad	2950 Mids	wort Dr. Sto 104	2221 Can		1/1 NW Barctow Stroot

Madison 4822 Madison Yards Way 53705 PO Box 7302	Hayward 10541 N. Ranch Road Hayward, WI 54843	Onalaska/La Crosse 2850 Midwest Dr, Ste 104 Onalaska, WI 54650	Green Bay 2331 San Luis Place Green Bay, WI 54304	Waukesha 141 NW Barstow Street 4 th Floor
Madison, WI 53707-7302 TYY Contact Through Relay	715-634-4870	608-785-9334	920-492-5601	Waukesha, WI 53188-3789 262-548-8600
Fax (for sending questions or additional info to reviewers) 608-283-7404	Fax (for sending questions or additional info to reviewers) 715-634-5150	Fax (for sending questions or additional info to reviewers) 608-785-9330	Fax (for sending questions or additional info to reviewers) 920-492-5604	Fax (for sending questions or additional info to reviewers) 262-548-8614

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