DEPARTMENT	Wisconsin Department of Sa	afetv and Pr	ofessional Se	ervices	Trans ID:		
A CHARTER THE AND A CHARTER AN		Idings, HVAC, SBD-118 for secondary purposes		Assigned Reviewer:			
SPS B	Fire and Comp			Assigned Office:			
B AROFESSION AL STRIC	Personal information you provide [Privacy Law s.			Reviewer Start Date*:			
For on-line scheduling building, HVAC, and fire plans, use the web scheduler link un							
Review at dsps.wi.gov.	,, p,			Enter Previous Related Trans ID if applicable:			:
without an appointment, scheduling a revision or stand-alone HVAC or fire plan, or submitting structural component plans. If scheduling Revision Reviews fax this form to 877-840-9172 or email to dspssbplanschedule@wi.gov. Industry Services may redistribute plans to another office if needed to reasonably balance turnaround times. You may monitor the status of your plan under <u>Plan</u> Review/Plan Status at dsps.wi.gov.			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:				
Desired Appointment Date:	:						
Where should we send the	appointment confirmation letter:	Email add	lress:				
I wish to submit plans	via SharePoint. SharePoint Us	serName:					
Project Information – Fill	in all known information		9	Site Number If Kno	own:		
Project/Site Name:							
Tenant Name or Building D	Designation:						
Previous Tenant Name:							
Number and Street:							
County:	City 🗌 Village 🗌 T	Town 🗌 of					
Identical Buildings (NOT	E: Complete a separate applicat	tion for eacl	h non-identi	cal building)			
Building/Facility Name/Des	signation		Buil	ding/Facility Addres	SS		
Designer's Project Number						Add Add	itional Sheets if Needed
Approval Extension Revision Permission to Start Follow Up of a Denial Within 8 Months Pre Structural Framework Only				 Addition/Alteration-Level: 1 2 3 Footing & Foundation Plans Only Preliminary Consultation (contact reviewer before scheduling or submitting) Building Shell Multiple Identical Buildings (see box 5) 			
b. Objects Submitted for	This Current Review (check all	that apply)					
	☐ HVAC		ppression (se	ee box 7)	Fire Detecti	ion/Alarm (see box	7)
Other Projects (Stand Alo Bleacher Interior	ne from above)	Canopy	/ [upported Stor	☐ Kitchen Exhaust rage Building	Hood	Membrane Co Elevated Ped	
	Plan(s) which accompany this	-					
Roof Truss N	1etal Bldg		ast Plank	Steel Girde	r ∐P	recast Wall	Laminated Wood
2. Occupancy Type – Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies – Check all that Apply							
A Assembly B Business/Office E Educational F Factory/Industrial H Hazardous	□ A1 □ A2 □ A3 □ A4 □ A5 □ B □ E □ F1 □ F2 □ H1 □ H2 □ H3 □ H4 □ H5			rage		R1 🗌 R2 🗌 R3 🗌 S1 🔲 S2	
	on – Construction Class – Check	One		ect area, include all			-
	□ IIA □ IIB □ IIIA □ VA □ VB		Sprink Numbe	rent, Heated/Ventila lered/Detector Prot er of Floor Levels: ing Volume < 50,00	ected Area:	s	

4. After plans are reviewed, please: (check all that apply) *Refers to customer number from below.						
Call 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:	Check all applicable:					
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 NameLast NameCustomer Number	(Customer 4) Other Imail to Imail 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. 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	<u>FI</u>	IRE SUPPRESSION	
Complete Partial None	Complete	Partial	□ None
Type: Automatic Detection	Type: Uet Anti-Freeze	DryManual Wet	Pre-action/Deluge
Monitoring Type: Central Station Remote Supervision Proprietary Supervision Protected Premises	□ 13D □ 13D – MPP □ 16 □ 17 □	12 13	☐ 13R ☐ 15 ☐ 20 I ☐ 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 the following:
- 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 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. <u>Check with the local municipality and county for their requirements.</u>

SBD-118 (R 10/19)

- Boiler and Pressure Vessels under SPS 341
- Mechanical Refrigeration under SPS 345
- There is no required state Electrical review under SPS 316
- Position Statement under SPS 362.0903(18)

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.					
Building	HVAC	Date:			
Signat	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. 					
Original Signatu	re 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 desig	ner, who will be personally resp	oonsible for payment.			
Designer's Signatu	re				
8. Statements of Owr	ners and Designer				
a) OWNERS Statem	ent: The owner indicated on pa	age one requests that plans	be reviewed for compliance with the code requirements		

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.

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

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 the following list <u>https://dsps.wi.gov/Documents/Programs/CommercialBuildings/DelegatedMunicipalities.pdf</u>.

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

A. <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	Х	Width	=	Area		
			х		=			
			Х		=			
			Х		=			
			Х		=			
			Х		=			
			Tatal Dasi					
_			Total Proje		=			
В.		rmine the appropriate fee	table base	on the project	location.			
	Compute Total Fee		ما عاليا : ما م معان م			0.01	¢ 00	
	Building Fee (from table)	[\$ <u>.00]</u> + [No. of A			Min. Fee \$		\$00 \$00	
	HVAC Fee (from table)	[\$ <u>.00]</u> + [No. of A		•	Min. Fee \$ Min. Fee \$		\$00 \$00	
	Fire Alarm Fee (from table) Fire Suppression Fee (from table)	[\$ <u>.00]</u> + [No. of A ble [\$.00] + [No. of A			Min. Fee \$		\$00 \$00	
	Miscellaneous Fee		x \$250.00		мп. гее э	<u>.00</u>] =		
•	(plans submitted within 8 month			independent bl	oachor nlan	e e	\$00	
	more than 10 feet apart, structure				eachei pian	15		
	Permission to Start Construct			,			\$.00	
	Revision to previously review				\$75.00)		\$00	
-	(This includes submittal of revise)	\$ <u></u> .00	
•	Additional number of plan set					/	\$.00	
	Components				,		\$0	
	Trusses, precast, metal bldg, joi	st girders, etc. If submitted	with a curre	ent building proje	ect, the mini	mum	+	
	\$100 submittal fee has been me							
	fee. If submitted as a stand-alor							
•	Other						\$00	
•	Submittal Fee (required for each	and every separate submit	tal of choic	es above with th	e exception	of structural		
	building component submittal)						\$ <u>100</u> .00	
	Additional sets of approved plan		pproval N	o. of plan sets	X (\$25	.00)	\$00	
•	Plan approval extension (\$1	20.00)					\$00	
	Make checks payable to Indust	ry Services Division		Total Amo	unt Due	\$		
	If designer wishes to be invoice	ed, complete box 7d on pa	ge 3.				Revenue Code 7648	
	11. Appointment, Scheduling	Information and Plan S	Submittal (hecklist				
	To schedule for other than re Review Scheduling to request						cheduling site: Plan	
1			-	-	-			
	For revision reviews, stand-a		stand-alo	ne fire appoint	ments, em	hail this form	to	
	dspssbplanschedule@wi.gov	or fax to 877-840-9172.						
	Web scheduling allows you to r	equest an appointment tin	ne. You wi	l receive via en	nail an app	ointment confi	rmation with an	
	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.							
		•	•					
Γ	Madison	Hayward	Onalaska		Green Ba	y	Waukesha	
	4822 Madison Yards Way 53705	10541 N. Ranch Road		vest Dr, Ste 104	2331 San	Luis Place	141 NW Barstow Street	
	PO Box 7302	Hayward, WI 54843	Onalaska	WI 54650	Green Bay	y, WI 54304	4 th Floor	

Madison, WI 53707-7302	715-634-4870	608-785-9334	920-492-5601	Waukesha, WI 53188-3789
TYY Contact Through Relay	713-034-4070	000-703-9334	920-492-3001	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