Wisconsin Department of Safety and Professional Services

Application for Review - Buildings, HVAC, Lighting, 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 scheduling of building, HVAC, and fire plans, use the electronic online request for commercial building plan appointments: http://dsps.wi.gov/sb/SB-DivPlanReview.html .This form is to be used only for mailing or dropping off plans without an appointment, or if you are scheduling a **Revision** via Fax (see Box 13 for further information). Check website: at http://dsps.wi.gov/sb/SB-DivForms.html for the most current version of this form. **S&B may re-distribute plans to another office if needed to reasonably balance turnaround times.** You may monitor the status of your plan: http://dsps.wi.gov/sb/SB-DivReviewStatusSearch.html

Enter Previous Related Trans. ID if applicable: _____
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.

Circle your choice of office: 1. Next available appt in any office 2. Green Bay 3. Hayward 4. LaCrosse 5. Madison 6. Waukesha

For Scheduling Revisions by Fax - Enter date plan will be in our office: _____
Where should we send the appointment confirmation: ☐ Email: ☐ Fax_____

1.a. Type of Submittal or Service Requested (check all that apply)

( ) New
( ) Alteration – Level: ☐ 1 ☐ 2 ☐ 3
( ) Addition/Alteration–Level: ☐ 1 ☐ 2 ☐ 3
( ) Approval Extension
( ) Revision
( ) Footing & Foundation Plans Only
( ) Permission to Start
( ) Follow Up of a Denial Within 8 Months
( ) Preliminary Consultation (contact reviewer before scheduling or submitting)
( ) Structural Framework Only
( ) Building Shell
( ) Multiple Identical Buildings (see box 5)
Number of Buildings _____

b. Objects Submitted for Review as 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
( ) Canopy
( ) 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 ( ) Metal Bldg
( ) Floor Truss ( ) Fire Escape
( ) Steel Girder ( ) Precast Plank
( ) Laminated Wood ( ) Precast Wall

2. Occupancy Type

Major Use – Check Use with the Greatest Floor Area	Additional Non-Accessory Occupancies – Circle All that Apply)
( ) A Assembly	A1 A2 A3 A4 A5
( ) B Business/Office	B
( ) E Educational	E
( ) F Factory/Industrial	F1 F2
( ) H Hazardous	H1 H2 H3 H4 H5
( ) I Institutional/Daycare/CBRF	I1 I2 I3 I4
( ) M Mercantile/Retail	M
( ) R Residential	R1 R2 R3 R4
( ) S Storage	S1 S2
( ) U Utility/Misc	U

3. Construction Information

Construction Class – Circle One
IA IB IIA IIB IIIA IIIB IV VA VB

Area (project area, include all levels):_____ sq ft
If different, Heated/ventilated Area: _____sq. ft
Sprinklered/Detector Protected Area: _____sq. ft

Number of Floor Levels _____
Total Building Volume < 50,000 Cu. Ft. ___Yes ___No

Seismic Review Threshold (circle one)
1. B-F and greater than 1 story 2. A or 1 story
3. Non-Structural Alteration

4. Project Information – Fill in all known information

Site Number If Known

Project/Site Name_____ _____
Tenant name or building designation _____
Previous Tenant Name _____
Number & Street _____
County City ( ) Village ( ) Town ( ) of

5. 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 Add'l Sheets if Needed

6. After plans are reviewed, please: (check all that apply) *Refers to customer number from below

☐ Call customer 1, 2, 3, 4 (circle number)* ☐ Mail plans to customer 1, 2, 3, 4 (circle number)*
☐ Hold plans for pickup by designer designated agent

Designer Information (Customer 1) First Time Submitter _____Yes ____No
First Name Last Name Customer Number
Company Name
Address
City State Zip+4 (9 digits)
Phone Number (area code) Fax E-Mail
Check all applicable
( ) Designer of ___Bldg ___HVAC,___ Lighting _____Fire Alarm _____Fire Suppression
( ) Supervising Professional of ____Bldg _____HVAC
WI Designer Registration #_____ Exp Date _____

Designer Information (Customer 2) First Time Submitter ___Yes ___No
First Name Last Name Customer Number
Company Name
Address
City State Zip+4 (9 digits)
Phone Number (area code) Fax E-Mail
Check all applicable
( ) Designer of ___Bldg ___HVAC,___ Lighting _____Fire Alarm _____Fire Suppression
( ) Supervising Professional of ____Bldg _____HVAC
WI Designer Registration #_____ Exp Date _____

Property Owner (not lessee) Information (Customer 3)
First Name Last Name Customer Number
Company Name
Address
City State Zip+4 (9 digits)
Phone Number (area code) Fax E-Mail

Other (Customer 4) ____**Add'l Owner** _____ **Designer** _____**Mail to** _____**Payer**
First Name Last Name Customer Number
Company Name
Address
City State Zip+4 (9 digits)
Phone Number (area code) Fax E-Mail

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 Holmen office does 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)

8. Other Potential Plan Submittals Required For A Project?

- Contact S&BD 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
  - Tank storage of 5,000 gallons or more of flammable or combustible liquids under SPS 10
  - Erosion control and stormwater management under SPS 360
  - Boiler andpressure vessels under SPS 341
  - Mechanical Refrigeration under SPS 345
  - There is no state electrical review under SPS 316
- **Department of Health** 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.

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

_____ _____( ) Building ( ) HVAC Date_____

_____ _____( ) Building ( ) HVAC Date_____

NOTE: Building supervising professional is also responsible for supervision of fire suppression / 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 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 Comm 60 to 66 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 Safety and Buildings 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.