



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.]

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:

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 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.

Desired Appointment Date:
Where should we send the appointment confirmation letter: Email address:

I wish to submit plans via SharePoint. SharePoint UserName:

Project Information – Fill in all known information
Site Number If Known:
Project/Site Name:
Tenant Name or Building Designation:
Previous Tenant Name:
Number and Street:
County: City Village Town of

Table with 2 columns: 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)
New, Alteration – Level, Approval Extension, Revision, etc.

b. Objects Submitted for This Current Review (check all that apply)
Building, HVAC, Fire Suppression, Fire Detection/Alarm, etc.

c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):
Roof Truss, Metal Bldg, Floor Truss, Precast Plank, Steel Girder, etc.

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, I Institutional/Daycare/CBRF, M Mercantile/Retail, R Residential, S Storage, U Utility/Misc.

3. Construction Information – Construction Class – Check 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

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

Call customer  1  2  3  4 (check number)\*  Mail plans to customer  1  2  3  4 (check number)\*

Hold plans for pickup by designer designated agent.

<b>(Customer 1) Designer Information</b> First Time Submitter <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(Customer 2) Designer Information</b> First Time Submitter <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Designer of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Suppression	Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Suppression
<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC	<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC
WI Designer Registration #                                      Exp. Date:	WI Designer Registration #                                      Exp. Date:
<b>(Customer 3) Building Owner Information (not lessee)</b> First Name                                      Last Name                                      Customer Number	<b>(Customer 4) Other</b> <input type="checkbox"/> Mail to <input type="checkbox"/> 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**

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**

- |                              |                                    |                              |                               |                                      |
|------------------------------|------------------------------------|------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> 11  | <input type="checkbox"/> 11A       | <input type="checkbox"/> 12  | <input type="checkbox"/> 13   | <input type="checkbox"/> 13R         |
| <input type="checkbox"/> 13D | <input type="checkbox"/> 13D – MPP | <input type="checkbox"/> 14  | <input type="checkbox"/> 15   | <input type="checkbox"/> 15          |
| <input type="checkbox"/> 16  | <input type="checkbox"/> 17        | <input type="checkbox"/> 17R | <input type="checkbox"/> 17A  | <input type="checkbox"/> 20          |
| <input type="checkbox"/> 22  | <input type="checkbox"/> 24        | <input type="checkbox"/> 750 | <input type="checkbox"/> 2001 | <input type="checkbox"/> Other _____ |

Submitter Comments or Requests (Optional)

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**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
  - 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.**

**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:

Signature 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 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 \_\_\_\_\_

**8. 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.