



**Application for Plan Review – Buildings, HVAC
SBD-118**

This form is for Delegated Agent use only.

PROJECT INFORMATION

Project/Site Name: _____

Address: _____

Owner Info: _____

Previous Tenant Name: _____

1. PLAN REVIEW TYPE (check all that apply)

a. Type of Submittal or Service Requested

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 Multiple Identical Buildings
 Building Shell Structural Framework Only

Number of Buildings: _____

b. Objects Submitted for This Current Review

Building HVAC

Other Projects (stand alone from above)

Kitchen Exhaust Hood

c. Structural Component Plan(s) Which Accompany This Current Review

Roof Truss Metal Bldg Floor Truss Precast Plank Steel Girder Precast Wall Laminated Wood

2. OCCUPANCY TYPE (check all that apply) – Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies

A Assembly A1 A2 A3 A4 A5 I Institutional/Daycare/CBRF I1 I2 I3 I4
 B Business/Office B M Mercantile/Retail M
 E Educational E R Residential R1 R2 R3 R4
 F Factory F1 F2 S Storage S1 S2
 H Hazardous H1 H2 H3 H4 H5 U Utility/Misc. U

3. CONSTRUCTION INFORMATION (check one) – Construction Class

<p>a. Construction Class (check one)</p> <p> <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB </p>	<p>b. Area</p> <p>Project area, including all levels: _____ sq ft</p> <p>If different, Heated/Ventilated Area: _____ sq ft</p> <p>Sprinklered/Detector Protected Areas: _____ sq ft</p> <p>Number of Floor Levels: _____</p> <p>Total Building Volume < 50,000 Cu. Ft. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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c. 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 _____

**4. CUSTOMER INFORMATION AND AFTER PLAN REVIEW
(check all that apply)**

Designer (Individual that stamped the plan) – Customer 1

License #: _____

Last Name: _____

First Name: _____

Company Name: _____

Street Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

Check all applicable: Designer of Supervising Professional of

Building

HVAC

Designer (Individual that stamped the plan) – Customer 2

License #: _____

Last Name: _____

First Name: _____

Company Name: _____

Street Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

Check all applicable: Designer of Supervising Professional of

Building

HVAC

Building Owner (not lessee) – Customer 3

Last Name: _____

First Name: _____

Company Name: _____

Street Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

Contact Person or Other (Please Specify) – Customer 4

Relationship to Project: _____

Last Name: _____

First Name: _____

Company Name: _____

Street Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

5. OTHER POTENTIAL PLAN SUBMITTALS REQUIRED FOR A PROJECT TO BE SUBMITTED TO THE STATE

Visit dps.wi.gov for the following:

- a. Boiler and Pressure Vessels under SPS 341
- b. Mechanical Refrigeration under SPS 345
- c. Elevators or Escalators under SPS 318
- d. Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under SPS 390
- e. Fire Alarm
- f. Fire Protection

Department of Health Services enforces building code requirements, including plan review, for hospitals and nursing homes. Adult daycare facilities must meet building codes prior to their licensing.

Be aware that state plan review and approval is separate from local permits. Check with the local municipality and county for their requirements.

6. 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 plan reviewing agency 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 plan reviewing agency as such and indicating the current status of compliance.

NOTE: Building supervising professional or registered designer is responsible for supervision of the fire suppression/fire alarm installation, if applicable

Signature below:

Print below:

Building HVAC

Date: _____

Signature below:

Print below:

Building HVAC

Date: _____

b. Permission to Start (Optional) – Ensure the box under Building Submittal Type on first page is checked.

As the building 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 and make revisions to plans on any changes. I will not permit construction above the foundation until approved plans are on site.

Request is for the following buildings (additional \$75 fee per building): _____

Owner's Signature: _____

Date: _____

Designer's Signature: _____

Date: _____

7. STATEMENTS OF OWNERS AND DESIGNERS

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.

8. FEE CALCULATION INSTRUCTIONS

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 lists:

Structural and HVAC: <https://dsps.wi.gov/Documents/Programs/CommercialBuildings/CBDelegatedMuni.pdf>

Area (Square Feet)	Building Plans (\$)	HVAC Plans (\$)	Fire Alarm System Plans (\$)	Fire Suppression System Plans (\$)
Less than 2,500	250	150	30	30
2,500 - 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 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 and/or heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 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.

9. FEE CALCULATION

a. 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. Compute Total Fee

Building Fee (from table) \$ _____	+	No. of additional identical buildings: _____	x	Min. Fee \$ _____	= \$ _____
HVAC Fee (from table) \$ _____	+	No. of additional identical buildings: _____	x	Min. Fee \$ _____	= \$ _____
Permission to Start Construction		No. of buildings: _____	x	\$75	= \$ _____

10. Additional Information

Wis. Admin. Code and other technical questions can be emailed to:
 Structural and HVAC: DspsSbBuildingTech@wisconsin.gov
 Fire Suppression and Fire Alarm: DspsSbFireProtech@wisconsin.gov
 Commercial Building Inspections: DspsSbInspectionSupport@wisconsin.gov