Town of Sheboygan

Wisconsin Department of Safety and Professional Services

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.]

PLAN REVIEW ONLY

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 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 Plan 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 address:**

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

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)

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

Number of Buildings: _____

b. Objects Submitted for This Current Review (check all that apply)

☐ Building ☐ HVAC ☐ Fire Suppression (see box 5) ☐ Fire Detection/Alarm (see box 5)

Other Projects (Stand Alone from above)

Bleacher ☐ Interior ☐ Exterior
☐ 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 ☐ 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

☐ 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 – 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.

(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 WI Designer Registration # Exp. Date:	☐ Supervising Professional of ☐ Bldg ☐ HVAC 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. 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

☐ 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 the following:
  - Petition for Variance – Submit form SBD-9890
  - Plumbing and Private Sewage Systems under SPS 381-385
  - Elevators or Escalators under SPS 318 316
  - Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under SPS 390
  - Boiler and Pressure Vessels under SPS 341
  - Mechanical Refrigeration under SPS 345
  - There is no required state Electrical review under SPS
- **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.

10. CALCULATION OF FEES

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:

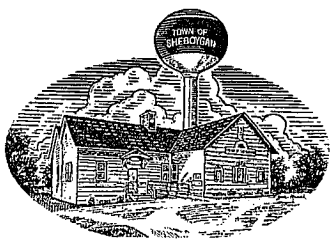
Floor Level (specify)	Length	X	Width	=	Area
		X		=	_____
		X		=	_____
		X		=	_____
		X		=	_____
		X		=	_____
		Total Project Area		=	_____

B. **Determine Fee Table:** Determine the appropriate fee table based on the project location.

C. **Compute Total Fee**

- **Building** Fee (from table) [$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee $_____.00] = $_____.00
- **HVAC** Fee (from table) [$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee $_____.00] = $_____.00
- **Fire Alarm** Fee (from table) [$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee $_____.00] = $_____.00
- **Fire Suppression** Fee (from table [$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee $_____.00] = $_____.00
- **Miscellaneous** Fee No. of Buildings _____ x $250.00 $_____.00
  (plans submitted within 8 months of denial, separate footing/foundation, independent bleacher plans more than 10 feet apart, structural framework, etc)
- **Permission to Start Construction** No. of Buildings _____ X ($75.00) $_____.00
- **Revision to previously reviewed, but not denied, plans** No. of Buildings _____ X ($75.00) $_____.00
  (This includes submittal of revised plans, within 30 days, after an additional information/hold action)
- **Additional number of plan sets** No. of Plan sets in excess of 5 _____ X ($25.00/set) $_____.00
- **Components** $_____.00
  Trusses, precast, metal bldg, joist girders, etc. If submitted with a current building project, the minimum $100 submittal fee has been met. If submitted as a follow up to a previously submitted plan there is no additional fee. If submitted as a stand-alone project or submitted following final inspection of the building, fee is $250.
- Other $_____.00
- Submittal Fee (required for each and every separate submittal of choices above with the exception of structural building component submittal) $_____**100.00**
- Additional sets of approved plan sets requested after plan approval No. of plan sets X ($25.00) $_____.00
- Plan approval extension ($120.00) $_____.00

Make checks payable to	Total Amount Due	$_____



Town of Sheboygan
Sanitary Districts 2 Sewer & 3 Water

Town Hall Office
1512 N 40th St
Sheboygan, WI 53081
Phone 920-451-2320
Fax 920-451-2323
Hrs: Mon, Wed, Thur 7am-4pm
Tue 7am-5pm; Fri Closed

Contact Town of Sheboygan **Plan Reviewer/Inspector Jane Drager at 920-687-1110** for any questions you may have or for any scheduling related to this plan review/permit.

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Table 302.31–2
Plan Review Fees for Buildings Located in Municipalities That Perform Inspections

Area (Square Feet)	Fees			
	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
1. Less than 2,500	$250	$150	$30	$30
2. 2,500–5,000	300	200	60	60
3. 5,001–10,000	500	300	100	100
4. 10,001–20,000	700	400	150	150
5. 20,001–30,000	1,100	500	200	200
6. 30,001–40,000	1,400	800	350	350
7. 40,001–50,000	1,900	1,100	500	500
8. 50,001–75,000	2,600	1,400	700	700
9. 75,001–100,000	3,300	2,000	1,000	1,000
10. 100,001–200,000	5,400	2,600	1,200	1,200
11. 200,001–300,000	9,500	6,100	3,000	3,000
12. 300,001–400,000	14,000	8,800	4,400	4,400
13. 400,001–500,000	16,700	10,800	5,600	5,600
14. Over 500,000	18,000	12,100	6,400	6,400