

Town of Sheboygan

1512 N. 40th Street
920.451.2320



Contact Town of Sheboygan
Plan Reviewer/Inspector Jane Drager
920.687.1110 for any questions or to
schedule an inspection

Application for Review-Buildings, HVAC, Fire and Components –SBD-118 (Provide 4 copies of plans with application)

Plans are to be mailed or dropped off at the Town Hall. When plans are completed, they must be picked up by a representative or submitter.

Project Information-Fill in all know information

Project /Site Name: _____

Tenant Name or Building Designation: _____

Previous Tenant Name: _____

Number and Street: _____

County: Sheboygan Town of: Sheboygan

Identical Buildings (NOTE: Complete a separate application for each non-identical building)

Building/Facility Name/Designation	Building/Facility Address
Designers Project Number (If Applicable)	

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

- | | | |
|--|--|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Alteration-Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Addition/Alteration-Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Approval Extension | <input type="checkbox"/> Revision | <input type="checkbox"/> Footing & Foundation Plans Only |
| <input type="checkbox"/> Permission to Start | <input type="checkbox"/> Follow Up of a Denial Within 8 Months | <input type="checkbox"/> Preliminary Construction (contact reviewer before scheduling) |
| <input type="checkbox"/> Structural Framework Only | | <input type="checkbox"/> Building Shell |
| | | <input type="checkbox"/> Multiple Identical Buildings (see box 5) |

Number of Buildings: _____

b. Objects Submitted for This 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 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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> A Assembly | <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 | <input type="checkbox"/> I Institutional/Daycare/CBRF | <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4 |
| <input type="checkbox"/> B Business/Office | <input type="checkbox"/> B | <input type="checkbox"/> M Mercantile/Retail | <input type="checkbox"/> M |
| <input type="checkbox"/> E Educational | <input type="checkbox"/> E | <input type="checkbox"/> R Residential | <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 |
| <input type="checkbox"/> F Factory/Industrial | <input type="checkbox"/> F1 <input type="checkbox"/> F2 | <input type="checkbox"/> S Storage | <input type="checkbox"/> S1 <input type="checkbox"/> S2 |
| <input type="checkbox"/> H Hazardous | <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 | <input type="checkbox"/> U Utility/Misc. | <input type="checkbox"/> 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) <input type="checkbox"/> Call customer <input type="checkbox"/> Hold plans for pickup by designer designated agent.	
(Customer 1) Designer Information-First Time Submitter <input type="checkbox"/> Yes <input type="checkbox"/> No	(Customer 2) Designer Information-First Time submitter <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone number with area code: _____	Phone number with 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"/> Supervision Professional of <input type="checkbox"/> Building <input type="checkbox"/> HVAC WI Designer Registration # _____ Exp. Date: _____	<input type="checkbox"/> Supervision Professional of <input type="checkbox"/> Building <input type="checkbox"/> HVAC WI Designer Registration # _____ Exp. Date: _____
(Customer 3) Building Owner Information (not lessee)	(Customer 4) Other
First Name: _____ Last Name: _____	First Name: _____ Last Name: _____
Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone number with area code: _____	Phone number with 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. 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
 Ant-Freeze Manual West

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) _____

Owner Signature: _____ Date: _____

Designer Signature: _____ Date: _____

Inspector Signature: _____ Date: _____

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 when 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 area 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 _____ .00 X Min. Fee \$_____.00) = \$_____.00
- **HVAC Fee** (from table) \$_____.00 + (No. of Add'l identical bldgs _____ .00 X Min. Fee \$_____.00) = \$_____.00
- **Fire Alarm Fee**(from table) \$_____.00 + (No. of Add'l identical bldgs _____ .00 X Min. Fee \$_____.00) = \$_____.00
- **Fire Suppression** \$_____.00 + (No. of Add'l identical bldgs _____ .00 X Min. Fee \$_____.00) = \$_____.00
(Fee from table)
- **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, kitchen exhaust hoods, 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 preievously submitted plan there is no additional fee. If submitted as a stand-alone project or submitted following final inspection of the building, fee is \$250.00
- **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 available to Town of Sheboygan

Total Amount Due:\$_____

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 relation 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 the building, area of addition or area of alteration and shall be determined in accordance with Table SPS 302.31-2.

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm Plans	Fire Suppression 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

Additional fees for review as listed on SBD-118

COMMERCIAL BUILDING PERMIT FEES

An additional application must be completed for all necessary permits prior to construction. The following are the fees.

ADMINISTRATION FEE \$500

EROSION CONTROL FEE \$500

BUILDING PERMIT FEE \$15 PER \$1,000 BASED ON COST OF PROJECT

ELECTRICAL PERMIT FEE \$15.00 PER \$1,000 BASED ON COST OF PROJECT

HVAC PERMIT FEE \$15.00 PER \$1,000 BASED ON COST OF PROJECT

PLUMBING PERMIT FEE \$15.00 PER \$1,000 BASED ON COST OF PROJECT

FIRE INSPECTION FEE \$500

Additional fees as listed on SBD-118

All fees are payable to the Town of Sheboygan

Plan Review and Conditional Permits-Allow seven working days for Plan Review and Issuance of a Conditional Permit after ALL necessary documents have been submitted.

EARLY START PERMITS

Early Start Permits will be granted for the moving of soil only. No excavation or utilities work is allowed. Payment of \$500 for the Early Start Permit must be made prior to the work starting.