



**4. After plans are reviewed, please: (check all that apply)** NOTE: All paper plans once reviewed will be directly returned to the municipality. Electronic submittal will be returned to both the municipality and the applicant with additional instructions as required. Once approved, applicants must contact the municipality regarding permit issuance and additional requirements prior to starting work.

Call customer  1  2  3  4 (check number)\*  
 Email Customer

<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: _____	First Name: _____ Last Name: _____
Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Phone Number (area code) _____	Phone Number (area code) _____
Email: _____	Email: _____
Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm	Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Spklr <input type="checkbox"/> Fire Al	<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Spklr <input type="checkbox"/> Fire Al
WI Designer Registration # _____ Exp. Date: _____	WI Designer Registration # _____ Exp. Date: _____
<b>(Customer 3) Building Owner Information (not lessee)</b>	<b>(Customer 4) Other</b>
First Name _____ Last Name _____	First Name _____ Last Name _____
Company Name: _____	Company Name: _____
Address: _____ City: _____ State _____ Zip Code _____	Address: _____ City: _____ State _____ Zip Code _____
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 either present within the building or that is being designed as part of this project.

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  None  Partial (If partial state system extents below in comments)

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)

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**6. Other Potential Plan Submittals Required For A Project?**

- Contact your local municipality for individual submittal requirements for all of the following:
  - Petition for Variance
  - Plumbing Systems
  - There is no required state Electrical review
  - Site Plan review for new buildings and additions
- **NOTE: 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.

**7. Required Signatures**

**a) Supervising Professionals:** If building will be 50,000 cubic feet 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 (State of Wisconsin SBD-9720) notifying the Municipality as such and indicating the current status of compliance.

Signature below:

Print below:

Building  HVAC  Sprinkler  Fire Alarm Date:

Signature below:

Print below:

Building  HVAC  Sprinkler  Fire Alarm 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 - Permission to Start Early 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 fees may apply, see fee schedule) Request is for the following buildings:

Owner's Signature:

Date:

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.

## CERTIFICATE OF SUPERVISION

Premise address \_\_\_\_\_

I hereby certify that I am a Registered Architect, Registered Professional Engineer, or Designer of Engineering Systems, in accordance with Chapter 443 of the current Wisconsin Statutes.

I further certify that I have been retained as the supervising professional 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 as required by Section SPS 361.40 of the Wisconsin Administrative Code. Upon completion of construction, I will file a Certificate of Compliance with the 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. If in the event that I am no longer associated with this project I will file a Certificate of Compliance notifying the municipality as such and indicating the current status of compliance.

This certificate is for supervision of:

- Building or structural design
- Heating, ventilating and air conditioning design
- Energy conservation design
- Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of architect, engineer or designer

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Registration number

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date

**9. Fee Calculation Instructions:**

**Fire alarm and suppression plans.** Fees relating to the submittal of all (new, addition, alteration) fire alarm and fire suppression plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with the following adopted fee schedule of the municipality. Verify if the following fee schedule is adopted in the community you are applying with:

<b>COMMERCIAL PLAN REVIEW FEE SCHEDULE – FIRE ALARM &amp; FIRE SUPPRESSION</b>		
1. New construction, additions, alterations and parking lots fees are computed per this table.		
2. New construction and additions are calculated based on total gross floor area of the structure.		
3. A separate plan review fee is charged for each type of plan review.		
<b>Area (Square Feet)</b>	<b>Fire Alarm System Plans</b>	<b>Fire Suppression System Plans</b>
Less than 500	\$100	\$100
501 - 2,499	\$100	\$100
2,500 - 5,000	\$100	\$100
5,001 - 10,000	\$100	\$100
10,001 - 20,000	\$150	\$150
20,001 - 30,000	\$200	\$200
30,001 - 40,000	\$350	\$350
40,001 - 50,000	\$500	\$500
50,001 - 75,000	\$700	\$700
75,001 - 100,000	\$1,000	\$1,000
100,001 - 200,000	\$1,200	\$1,200
200,001 - 300,000	\$3,000	\$3,000
300,001 - 400,000	\$4,400	\$4,400
400,001 - 500,000	\$5,600	\$5,600
Over 500,000	\$6,400	\$6,400
Note:	1. <b>A Plan Entry Fee of \$100.00 shall be submitted with each submittal of plans in addition to the plan review and inspection fees.</b>	
	2. At the Sole discretion of the Supervisor of Building Inspection and Plans Examiner; Fees may be modified, reduced or waived based on scope of services, project type, or other relevant factors.	
Determination of 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, balconies, lofts, 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.	
Submittal of plans after construction	Where plans are submitted after construction, the standard late submittal fee of \$250.00 will be assessed per each review type that occurred after construction. This is in addition to any other plan entry fees, structural components and base fees applied to a project.	
Expedited Priority Plan Review	The fee for a priority plan review, which expedites completion of the plan review in less than the normal processing time when the plan is considered ready for review, shall be 200% of the fees specified in these provisions.	
Plan Examination Extensions	The fee for the extension of an approved plan review shall be 50% of the original plan review fee, not to exceed \$3,000.00.	
Resubmittals & revisions to approved plans	When deemed by the reviewer to be a minor revision from previously reviewed and/or approved plans, the review fee shall be \$75.00. Any significant changes or alterations beyond minor amendments as determined by the Plans Examiner and Building Inspection Department may result in additional charges as appropriate.	

ONCE YOU HAVE SUBMITTED - E-PLAN EXAM WILL VERIFY FEES OWED,  
CONTACT APPLICANTS DIRECTLY AND PROVIDE PAYMENT SPECIFICS  
ON WHO TO MAKE PAYMENT TO AND WHAT OPTIONS ARE AVAILABLE.

**\*\*NOTE: THIS FORM IS PLAN REVIEW APPLICATION ONLY.**

**APPROVAL OR APPLICATION DOES NOT AUTOMATICALLY TRANSLATE INTO PERMISSION TO BEGIN  
CONSTRUCTION ACTIVITIES NOR DOES IT CONSTITUTE A PERMIT.**

**CONTACT YOUR LOCAL BUILDING INSPECTION DEPARTMENT FOR ADDITIONAL INFORMATION  
REGARDING PERMITTING AND INSPECTIONS REQUIREMENTS FOR ALL CONSTRUCTION ACTIVITIES  
ON PUBLIC AND PRIVATE PROPERTY.\*\***