



# E-PLAN EXAM

## Application for Building, HVAC, Fire Sprinkler and Fire Alarm Plan Review

-Complete all pages-



Contact your Municipality to Verify if there are any additional requirements and to verify fee amounts.

For submission of Building, HVAC, Fire Alarm and Fire Sprinkler plans, applicants may submit all required plans and documents electronically at [eplanexam.com/submit-a-project](http://eplanexam.com/submit-a-project). Please note, in either format paper or electronic, fees must be made payable to the "E-Plan Exam". For more information regarding fee payments and payment options or any general questions, please contact us at [submittal@eplanexam.com](mailto:submittal@eplanexam.com) and we will gladly help! **This form, the State of Wisconsin SBD-118 form or the municipalities form must be used for the submission of all Building, HVAC, Sprinkler, and Fire Alarm projects requiring plan review.**

### Project Information – Fill in all known information

Project/Site Name:	
Tenant Name or Building Designation:	
Previous Tenant Name:	
Number and Street:	
County:	Municipality: Village of Kimberly
Project Scope:	

Designer's 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 to previously approved plans				<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 Consultation (contact reviewer before submitting)						
<input type="checkbox"/> Structural Framework Only					<input type="checkbox"/> Building Shell			
<input type="checkbox"/> Other: _____					<input type="checkbox"/> Multiple Identical Buildings - <b>Number of Buildings:</b> _____			

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

<input type="checkbox"/> Building	<input type="checkbox"/> HVAC	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Fire Alarm
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#### Other Projects (Stand Alone from above)

<input type="checkbox"/> Bleacher	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Canopy	<input type="checkbox"/> Kitchen Exhaust Hood	<input type="checkbox"/> Membrane Construction
			<input type="checkbox"/> Rack Supported Storage Building	<input type="checkbox"/> Elevated Pedestrian Access	

#### c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):

<input type="checkbox"/> Roof Truss	<input type="checkbox"/> Metal Bldg	<input type="checkbox"/> Floor Truss	<input type="checkbox"/> Precast Plank	<input type="checkbox"/> Steel Girder	<input type="checkbox"/> Precast Wall	<input type="checkbox"/> Laminated Wood
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#### 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

<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	

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: \_\_\_\_\_

Is the Total Building Volume less than 50,000 Cubic Feet?  Yes  No

Please Make checks directly payable to:  
Total amount due (from following pages):

**E-Plan Exam** (please verify with your community)  
\$ \_\_\_\_\_

**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

• **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