



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

- Complete all pages -

City of Wausau – Inspections & Zoning | 407 Grant St Wausau WI 54403

715-261-6780 | inspections@ci.wausau.wi.us

For submission of Building, HVAC, Fire Alarm and Fire Sprinkler plans, applicants may submit all required plans and documents electronically at inspections@ci.wausau.wi.us. Please note, in either format paper or electronic, fees must be made payable to the "City of Wausau". For more information regarding fee payments and payment options or any general questions, please contact us 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.

<b>1. Project Information</b>			
Project/Site Name:			
Tenant Name or Building Designation:			
Previous Tenant Name:			
Number & Street:			
County:		Municipality:	
Project Scope:	<i>(enter description)</i>		

<p><b>a. Type of Submittal (Check all that apply):</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Alteration – Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> Addition/Alteration – Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> Approval Extension</p> <p><input type="checkbox"/> Revision to previously approved plans</p> <p><input type="checkbox"/> Footing &amp; Foundation Plan Only</p> <p><input type="checkbox"/> Permission to Start</p> <p><input type="checkbox"/> Follow up of a Denial within 8 months</p> <p><input type="checkbox"/> Preliminary Consultation <i>(contact reviewer before submitting)</i></p> <p><input type="checkbox"/> Structural Framework <u>only</u></p> <p><input type="checkbox"/> Building Shell</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Multiple Identical Buildings - # of buildings: _____</p>
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<p><b>b. Objects Submitted for this Review (Check all that apply):</b></p>	
<p><input type="checkbox"/> Building</p> <p><input type="checkbox"/> HVAC</p> <p><input type="checkbox"/> Sprinkler</p> <p><input type="checkbox"/> Fire Alarm</p>	<p><u>Other Projects (Standalone from Checkboxes left)</u></p> <p><input type="checkbox"/> Bleacher – <input type="checkbox"/> Interior <input type="checkbox"/> Exterior</p> <p><input type="checkbox"/> Canopy</p> <p><input type="checkbox"/> Kitchen Exhaust Hood</p> <p><input type="checkbox"/> Membrane Construction</p> <p><input type="checkbox"/> Rack Supported Storage Building</p> <p><input type="checkbox"/> Elevated Pedestrian Access</p>

<p><b>c. Structural Components Plan(s) which accompany this current submittal (Check all that apply):</b></p>	
<p><input type="checkbox"/> Roof Truss</p> <p><input type="checkbox"/> Metal Building</p> <p><input type="checkbox"/> Floor Truss</p> <p><input type="checkbox"/> Precast Plant</p>	<p><input type="checkbox"/> Steel Girder</p> <p><input type="checkbox"/> Precast Wall</p> <p><input type="checkbox"/> Laminated Wood</p>

<p><b>2. Occupancy Type</b></p>	
<p><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</p> <p><input type="checkbox"/> B - Business/Office <input type="checkbox"/> B</p> <p><input type="checkbox"/> E - Educational <input type="checkbox"/> E</p> <p><input type="checkbox"/> F - Factory/Industrial <input type="checkbox"/> F1 <input type="checkbox"/> F2</p> <p><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</p>	<p><input type="checkbox"/> I - Institutional/Daycare/CBRF <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4</p> <p><input type="checkbox"/> M - Mercantile/Retail <input type="checkbox"/> M</p> <p><input type="checkbox"/> R - Residential <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4</p> <p><input type="checkbox"/> S - Storage <input type="checkbox"/> S1 <input type="checkbox"/> S2</p> <p><input type="checkbox"/> U - Utility/Misc. <input type="checkbox"/> U</p>

### 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

# of Floor Levels: \_\_\_\_\_

Is the Total Building Volume less than 50,000 cubic ft?  Yes  No

### 4. After plans are review – the following will occur:

Call Customer  1  2  3  4

Mail plans to Customer  1  2  3  4 (Shipping fee will be added onto the application and invoiced to all customers listed)

\_\_\_\_\_ will pick up.

### 5. Complete the following customer information in the boxes below.

#### Customer 1 / Designer

1<sup>st</sup> time Submitter  Yes  No

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

(Check all applicable)

Designer of -  Building  HVAC  Sprinkler  Fire Alarm  
AND/OR

Supervisor Professional of –

Building  HVAC  Sprinkler  Fire Alarm

WI Designer Registration # \_\_\_\_\_ Exp Date: \_\_\_\_\_

#### Customer 2 / Designer

1<sup>st</sup> time Submitter  Yes  No

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

(Check all applicable)

Designer of -  Building  HVAC  Sprinkler  Fire Alarm  
AND/OR

Supervisor Professional of –

Building  HVAC  Sprinkler  Fire Alarm

WI Designer Registration # \_\_\_\_\_ Exp Date: \_\_\_\_\_

#### Customer 3 / Building Owner

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

#### Customer 4 / Other (specify): \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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## 6. 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.

### Fire Alarm

None  Complete  Partial

Type:

Automatic Detection

Manual Alarm

Monitoring Type:

Central Station

Proprietary Supervision

Remote Supervision

Protected Premises

### Fire Suppression

None  Complete  Partial (if partial, state system extents in comments below)

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/Requests (Optional):

## 7. Other Potential Plan Submittal Request for a Project?

Contact your local municipality for individual submittal requirements for all 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.*

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**8. 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.

Printed Name:		Signature:	
<input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm			Date:
Printed Name:		Signature:	
<input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Sprinkler <input type="checkbox"/> 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.

Signature of Building Designer:		Name of Component Fabricator:		Date:
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**C. Optional Service:**

**Permission to Start Early Request:** 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.

Owner's Name:		Owner's Signature:	
Designer's Signature:		Date:	

**9. Statement of Owners & 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.

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# 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                      Date

\_\_\_\_\_  
Address                      Registration No.

\_\_\_\_\_  
Email                      Phone No.

**10. Commercial Plan Review Fee Schedule – Building, HVAC, Fire Alarm, or Fire Suppression**

Calculating Plan Review fee. Check all fees that apply for your application.

Plan Entry Fee: **\$100**

+ Plan Review Fee: \$ \_\_\_\_\_

+ Additional Fees (i.e. Structural Plans, Other Submittals, Accessory buildings, Revisions/Resubmittals, Late fee, Expedite, etc.): \$ \_\_\_\_\_

TOTAL COMMERCIAL PLAN FEE: \$ \_\_\_\_\_ <sup>2</sup>

<sup>2</sup> The reviewer will also confirm that the following Commercial Plan Fee is calculated correctly after reviewing the set of plans.

- A. New construction, additions, alterations and parking lot fees are computed per this table.
- B. New construction and additions are calculated base on total gross floor area of the structure
- C. A separate plan review fee is charged for each type of plan review.

Area (Square Feet)	<input type="checkbox"/>	Building Plans	<input type="checkbox"/>	HVAC Plans	<input type="checkbox"/>	Fire Alarm System Plans	<input type="checkbox"/>	Fire Suppression System Plans
<input type="checkbox"/> Less than 2,500		\$250		\$150		\$30		\$30
<input type="checkbox"/> 2,500 – 5,000		\$300		\$200		\$60		\$60
<input type="checkbox"/> 5,001 – 10,000		\$500		\$300		\$100		\$100
<input type="checkbox"/> 10,001 – 20,000		\$700		\$400		\$150		\$150
<input type="checkbox"/> 20,001 – 30,000		\$1,100		\$500		\$200		\$200
<input type="checkbox"/> 30,001 – 40,000		\$1,400		\$800		\$350		\$350
<input type="checkbox"/> 40,001 – 50,000		\$1,900		\$1,100		\$500		\$500
<input type="checkbox"/> 50,001 – 75,000		\$2,600		\$1,400		\$700		\$700
<input type="checkbox"/> 75,001 – 100,000		\$3,300		\$2,000		\$1,000		\$1,000
<input type="checkbox"/> 100,001 – 200,000		\$5,400		\$2,600		\$1,200		\$1,200
<input type="checkbox"/> 200,001 – 300,000		\$9,500		\$6,100		\$3,000		\$3,000
<input type="checkbox"/> 300,001 – 400,000		\$14,000		\$8,800		\$4,400		\$4,400
<input type="checkbox"/> 400,001 – 500,000		\$16,700		\$10,800		\$5,600		\$5,600
<input type="checkbox"/> Over 500,000		\$18,000		\$12,100		\$6,400		\$6,400

Note:	<b>1. 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.
<input type="checkbox"/> Structural Plans and other Component Submittals	When submitted separately from the general building plans, the review fee for structural plans, precast concrete, laminate wood, beams, cladding elements, other facade features or other structural elements, the review fee is \$250.00 per plan with an additional \$100.00 plan entry fee per each plan set.
<input type="checkbox"/> Accessory Buildings	The plan review fee for accessory buildings less than 500 square feet shall be \$125.00 with the plan entry fee waived.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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 and base fees applied to a project.
<input type="checkbox"/> 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.