## Wisconsin Department of Safety and Professional Services Application for Review - Buildings, HVAC, Lighting, Fire and Components – SBD-118

# Use this form in conjunction with the <u>City of Sparta Commercial Building Permit application</u> for projects not requiring State approved plans.

1.a. Type of Submittal or Service Requested (check all that apply)	2. Occupancy Type Major Use – Check Use with the Greatest Floor Area	Additional Non-A Occupancies – C that Apply )		3. Constr Constructio IA IB	n Class –		<b>n</b> IIIB	IV	VA	VB
<ul> <li>() Alteration - Level: 1 2 3</li> <li>() Addition/Alteration-Level: 1 2 3</li> <li>() Approval Extension</li> <li>() Revision</li> <li>() Footing &amp; Foundation Plans Only</li> <li>() Permission to Start</li> <li>() Follow Up of a Denial Within 8 Months</li> <li>() Preliminary Consultation (contact reviewer before scheduling or submitting)</li> </ul>	<ul> <li>() B Business/Office</li> <li>() E Educational</li> <li>() F Factory/Industrial</li> <li>() H Hazardous</li> <li>() I Institutional/Daycare/CBRF</li> <li>() M Mercantile/Retail</li> <li>() R Residential</li> </ul>	M R1 R2 R3 R4		Sprinkler Number of I Total Buildin Seismic Re	nt, Heated red/Detect Floor Leve ng Volume view Thre	l/ventilated / tor Protected els e < 50,000 C shold (circle	Area: d Area: Cu. Ft.	Ye	sN	sq. ft sq. ft
<ul> <li>( ) Structural Framework – Shell Only</li> <li>( ) Multiple Identical Buildings (see box 5) Number of Buildings</li> </ul>	() S Storage () U Utilitv/Misc	S1 S2 U		1. B-F and 3. Non-Stru			Ζ.	A or 1	story	
b. Objects Submitted for Review as Current Review (check all that apply)	4. Project Information – Fil						e Numb	oer If k	ໃnown	
() Building () HVAC	Project/Site Name Tenant name or building designation									
<ul><li>( ) Fire Suppression (see box 7)</li><li>( ) Fire Detection/Alarm (see box 7)</li></ul>	Previous Tenant Name									
Other Projects (Stand Alone from above) () Bleacher	Number & Street									
()Canopy ()Kitchen Exhaust Hood	5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)									
() Membrane Construction () Rack Supported Storage Building	Building/Facility Name/Designati	on	Buildin	g/Facility Ad	dress					
() Elevated Pedestrian Access c. Structural Component Plan(s) which										
accompany this current plan submittal (check all that apply):										
() Roof Truss () Metal Bldg () Floor Truss () Fire Escape () Steel Girder () Precast Plank () Laminated Wood () Precast Wall	Designer's Project Number (If App	licable)					Add A	.dd'l Sh	eets if f	Needed
Designer Information (Customer 1) First Tim First Name Last Name	he SubmitterYesNo Customer Number	Designer Infor First Name	mation (C		First T .ast Name	ime Submitt			_No Numbe	r
Company Name		Company Na	me							
Address		Address								
City	State Zip+4 (9 dig	jits) City				State		Zip	o+4 (9 d	ligits)
Phone Number (area code) Fax	E-Mail	Phone Numb	er (area	code) F	ax	E	E-Mail			
Check all applicable () Designer ofBldgHVAC,Lighting () Supervising Professional ofBldg WI Designer Registration #	_HVAC	Check all appl sion () Designer ( () Supervisir WI Designer F	ofBld	sional of	_Bldg	_HVAC				ession
Property Owner (not lessee) Information (Custo First Name Last Name		ber Other (Custor First Name	mer 4)	_Add'l Owne	er D Last Narr	esigner 1e	_Mail t		_ <b>Payer</b> mer Nu	mber
Company Name		Company Na	ime							
Address		Address								
City	State Zip+4 (9 digit	s) City				State		Z	2ip+4 (9	digits)
Phone Number (area code) Fax	E-Mail	Phone Numb	er (area	code)	Fax		E	E-Mail		

#### 7. 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 Holmen office does 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	FIRE SUPPRESSION
() Complete () Partial () None	
Type: () Automatic Detection	() Complete () Partial () None
( ) Manual Alarm	Type: ()Wet ()Dry ()Pre-action/Deluge
Monitoring Type:	() Anti-Freeze () Manual Wet
() Central Station	NFPA Fire Suppression Standards used
() Remote Supervision	()11 ()11A ()12 ()13 ()13R
<ul><li>Proprietary Supervision</li></ul>	()13D ()13D - MPP ()14 ()15
() Protected Premises	()16 ()17 ()17R ()17A ()20
	() 22 () 24 () 750 () 2001 () Other

#### 8. Other Potential Plan Submittals Required For A Project?

- Contact S&BD 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
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under SPS 390
  - Tank storage of 5,000 gallons or more of flammable or combustible liquids under SPS 10
- Department of Health 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. <u>Check with the local municipality and county for their requirements.</u>

### 9. Required Signatures

a) Supervising Professionals: If building will be 50,000 cu ft 361.40 for the performance of the supervision of reasonable on-the-site specifications. Upon completion of construction, I will file a written state construction has or has not been performed in substantial compliance w will file a compliance statement (SBD-9720) notifying the department as Signature	observations to determine if the constr ment with the department and municip rith the approved plans and specificatio	ality certifying that, to the best of my knowledge and belief, ons. In the event that I am no longer associated with this project I
		() Building () HVAC Date
		() Building () HVAC Date
NOTE: Building supervising professional is also responsible for supervision of fire supp	pression / alarm installation (if applicable)	I
b) Component Submittal The department requires that the project of project designer, and department, will rely on the seal of the component		
Original Signature of Building Designer	Date Signed	Name of Component Fabricator
<ul> <li>c) Optional Service-of Permission to Start Requested – (Be sure to ( ) As the owner, I request to begin footing and foundation wo reviewed, and to remove or replace any non-code complying co (Additional \$75.00 fee per building) Request is for the following</li> </ul>	rk PRIOR to plan review approval. I a onstruction. I will not permit constructio	n above the foundation until approved plans are at the site.
Owner's Signature		Date
d) ( ) Invoice designer, who will be personally responsible	le for payment.	
Designer Signature		
10. 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 Comm 60 to 66 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 Safety and Buildings 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.

#### Submitter Comments or Requests (Optional)

Erosion control and stormwater management under SPS 360

- Boiler and pressure vessels under SPS 341

Mechanical Refrigeration under SPS 345

- There is no state electrical review under SPS 316