



City of Appleton APPLICATION FOR REVIEW BUILDINGS, HVAC, LIGHTING

Mail to: Building Inspection
City Hall 5th Floor
100 N. Appleton St.
Appleton, WI 54911

[Personal information you provide may be used for secondary purposes
[Privacy Law s. 15.04(1)(m), Stats.]

Address of Property
for Plan Review _____

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

- New
- Alteration – Level: 1 2 3
- Addition/Alteration–Level: 1 2 3
- Approval Extension
- Revision
- Footing & Foundation Plans Only
- Follow Up of a Denial Within 8 Months

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

- Building
- HVAC
- Emergency Egress Lighting
- Energy Conservation Lighting

Other Projects (Stand Alone from above)

- Bleacher
- 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
- Floor Truss
- Steel Girder
- Metal Bldg
- Fire Escape
- Precast Plank

4. Project Information – Fill in all known information

Project/Site Name _____
 Tenant name or building designation _____
 Previous Tenant Name _____
 Number & Street _____
 Estimated Cost of Construction \$ _____

2. Occupancy Type

Major Use – Check Use with the Greatest Floor Area

- A Assembly
- B Business/Office
- E Educational
- F Factory/Industrial
- H Hazardous
- I Institutional/Daycare/CBRF
- M Mercantile/Retail
- R Residential
- S Storage
- U Utility/Misc

Additional Non-Accessory Occupancies – Circle All that Apply)

- A1 A2 A3 A4 A5
- B
- E
- F1 F2
- H1 H2 H3 H4 H5
- I1 I2 I3 I4
- M
- R1 R2 R3 R4
- S1 S2
- U

3. Construction Information

Construction Class – Circle 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

Seismic Review Threshold (circle one)

- 1. B-F and greater than 1 story
- 2. A or 1 story
- 3. Non-Structural Alteration

Date Stamp

Receipt # _____ Accepted by _____

5. After plans are reviewed, please call customer # :

- 1 2 3 4

(circle one #, refers to customer #'s listed below)

Designer Information (Customer 1)			
First Name	Last Name	Customer Number	
Company Name _____			
Address _____			
City _____	State _____	Zip+4 (9 digits) _____	
Phone Number (area code) _____	E-Mail _____		
Check all applicable			
<input type="checkbox"/> Designer of ___ Bldg ___ HVAC, ___ Lighting ___ Other _____			
<input type="checkbox"/> Supervising Professional of ___ Bldg ___ HVAC			
WI Designer Registration # _____		Exp Date _____	

Designer Information (Customer 2)			
First Name	Last Name	Customer Number	
Company Name _____			
Address _____			
City _____	State _____	Zip+4 (9 digits) _____	
Phone Number (area code) _____	E-Mail _____		
Check all applicable			
<input type="checkbox"/> Designer of ___ Bldg ___ HVAC, ___ Lighting ___ Other _____			
<input type="checkbox"/> Supervising Professional of ___ Bldg ___ HVAC			
WI Designer Registration # _____		Exp Date _____	

Property Owner (not lessee) Information (Customer 3)			
First Name	Last Name	Customer Number	
Company Name _____			
Address _____			
City _____	State _____	Zip+4 (9 digits) _____	
Phone Number (area code) _____	E-Mail _____		

Contact Person (Customer 4)			
First Name	Last Name	Customer Number	
Company Name _____			
Address _____			
City _____	State _____	Zip+4 (9 digits) _____	
Phone Number (area code) _____	E-Mail _____		

6. Fire Protection

(Note: You are required to submit certain plans to the State for plan review depending on the type of occupancy- See table Comm 61.30-3) Fire suppression and alarm plans are also required for certain occupancies in Appleton. It is important to contact the Appleton Fire Department for these requirements. Their Phone Number is 920-832-5816. Do not submit your fire suppression or fire alarm plans to the Appleton Building Inspection Division.

Check system type as applicable.

Bldg Plans must also include this information to determine allowable Bldg Area / Heights

- | | |
|---|---|
| <p>FIRE ALARM</p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>Type: <input type="checkbox"/> Automatic Detection
 <input type="checkbox"/> Manual Alarm</p> <p>Monitoring Type:
 <input type="checkbox"/> Central Station
 <input type="checkbox"/> Remote Supervision
 <input type="checkbox"/> Proprietary Supervision
 <input type="checkbox"/> Protected Premises</p> | <p>FIRE SUPPRESSION</p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>Type: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-action/Deluge
 <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Manual Wet</p> <p>NFPA Fire Suppression Standards used
 <input type="checkbox"/> 11 <input type="checkbox"/> 11A <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 13R
 <input type="checkbox"/> 13D <input type="checkbox"/> 13D - MPP <input type="checkbox"/> 14 <input type="checkbox"/> 15
 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 17R <input type="checkbox"/> 17A <input type="checkbox"/> 20
 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 750 <input type="checkbox"/> 2001 <input type="checkbox"/> Other _____</p> |
|---|---|

Submitter Comments or Requests (Optional)

7. Required Signatures

a) SUPERVISING PROFESSIONALS If building will be 50,000 cu ft or greater (Comm 61.40) I have been retained by the owner as the supervising professional per Comm 61.40 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 (SBD-9720) notifying the Department as such and indicating the current status of compliance.

Signature

Print

_____ () Building () HVAC Date _____

_____ () Building () HVAC Date _____

NOTE: Building Supervising Professional is also responsible for supervision of the Lighting & Fire Suppression / 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

8. Statements of Owners and Designer

a) OWNERS Statement The owner indicated on page 1 requests that plans be reviewed for compliance with the code requirements set forth in Chapters 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 [Comm 61.31]. Signatures and seals affixed to the plans shall be original.

b) DESIGNERS Statement (Comm 61.20, 61.31(1), and 61.40) The designer indicated on page 1 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 Division of Safety & Buildings 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 [Comm 61.31(1)]. Signatures and seals affixed to the plans shall be original. Lighting plans may instead be designed & submitted by the master electrician installing the system.

9. Fee Calculation Instructions

FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE
Calculate appropriate fee and enter total on Page 3.

I. **Building, heating and ventilation, fire alarm and suppression plans.** Fees relating 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 each building, area of addition or area of alteration and shall be determined in accordance with Table Comm 2.31-2 on page 3.

Note: Comm 2 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

**Table 2.31-2
Plan Review Fees for
Buildings Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings**

Area (Square Feet)	Building Plans	HVAC Plans
Less than 2,500	\$250	\$150
2,501 - 5,000	300	200
5,001 - 10,000	500	300
10,001 - 20,000	700	400
20,001 - 30,000	1,100	500
30,001 - 40,000	1,400	800
40,001 - 50,000	1,900	1,100
50,001 - 75,000	2,600	1,400
75,001 - 100,000	3,300	2,000
100,001 – 200,000	5,400	2,600
200,001 – 300,000	9,500	6,100
300,001 – 400,000	14,000	8,800
400,001 – 500,000	16,700	10,800
Over 500,000	18,000	12,100

NOTES:

- A. Lighting Plans and Calculations will be reviewed at no additional cost if submitted with the building plans. A fee of \$75 for projects less than 10,000 sq. ft. or \$150 for projects greater than 10,000 sq. ft. is required for all lighting plans submitted separately.

10. CALCULATION OF FEES

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 where 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 areas 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				=	_____

Compute Total Fee

- | | | |
|--|---------------------------------------|-----|
| 1. Building Fee (from table) | \$_____. | .00 |
| 2. HVAC Fee (from table) | \$_____. | .00 |
| 3. Components
Trusses, pre-cast, metal bldg, joist girders, etc. If submitted with or as a follow up to a current bldg project, fee is only the building submittal fee. If submitted as a stand-alone project or submitted following final inspection of the building, the fee is \$250. | \$_____. | .00 |
| 4. Lighting plan separate from building plans \$75 < 10,000 sq. ft. or \$150 >= 10,000 sq. ft. | \$_____. | .00 |
| 5. Revision to an approved Plan (Minor Revisions \$75; Major Revisions \$150) | \$_____. | .00 |
| 6. Footings/Foundation Early Start (2500 sq. ft. or less \$100; Greater than 2500 s.f. \$200) | \$_____. | .00 |
| 7. Accessory Structure (\$125) | \$_____. | .00 |
| 8. Subtotal (Enter this amount as the "Total Amount Due" (line 10) if you are not requesting a "Priority Plan Review".) | \$_____. | .00 |
| 9. Priority Plan Review (Review within 3 business days instead of the typical 8-10 business days)
For priority review, check the box to the right and multiply line 8 (Subtotal) by 5 – enter total in "Total Amount Due" field | <input type="checkbox"/> Subtotal X 5 | |

10. **Total Amount Due** - Make check payable to the "City of Appleton" & attach check to page 1

Total Amount Due
\$ _____

Commercial Plan Review Checklist

Building Plan Submittal (new or addition):

- ___ Completed plan review application
- ___ Appropriate fees from page 3 of the plan review application
- ___ (4) full sets of stamped and signed plans
- ___ (3) copies of stamped and signed surveys showing the building or addition
- ___ (1) electronic copy of plans on CD or email in .jpg, .tif or .pdf format
- ___ (2) copies of structural calculations
- ___ (2) copies of envelope calculations
- ___ (1) copy of disproportionality form (for additions only)
- ___ (2) copies of erosion control plan
- ___ Any other supporting documentation

Building Plan Submittal (interior alterations):

- ___ Completed plan review application
- ___ Appropriate fees from page 3 of the plan review application
- ___ (4) full sets of stamped and signed plans
- ___ (1) electronic copy of plans on CD or email in .jpg, .tif or .pdf format
- ___ (1) copy of disproportionality form
- ___ Any other supporting documentation

HVAC Plan Submittal (new, additions or alterations):

- ___ Completed plan review application
- ___ Appropriate fees from page 3 of the plan review application
- ___ (2) full sets of stamped and signed plans
- ___ Any other supporting documentation (equipment sizing, outside air calculations, etc.)

Lighting plan submittal (any alterations that include adding lights)

- ___ Completed plan review application
- ___ Appropriate fees from page 3 of the plan review application
- ___ (2) full sets of stamped and signed plans (lighting layout, switching & control plan, emergency illumination plan, photometric plan, etc.)
- ___ Any other supporting documentation (interior power calculations, emergency lighting cut sheets, etc.)

Note: On projects where no lights are added, if lights are rearranged or relocated, all of the above may still be required with the exception of the interior lighting power calculations.

For HVAC and lighting plans listed above, if you are submitting them with the building plan review submittal, you do not need a separate plan review application, however the proper fees for the HVAC plan review are required at the time of submittal.