



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 _____		

**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 > or = 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.