



APPLICATION FOR PLAN REVIEW

Buildings, HVAC, Fire, and Components

Planning & Development Department
3930 N. Murray Avenue, Shorewood, WI 53211
Phone (414) 847-2640
pad@shorewoodwi.gov

OFFICE USE ONLY	
PERMIT #	FEE
APPROVAL DATE	

<p>1.A. Type of Submittal or Service Requested (check all that apply)</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Alteration – Level: 1 2 3</p> <p><input type="checkbox"/> Addition/Alteration–Level: 1 2 3</p> <p><input type="checkbox"/> Approval Extension</p> <p><input type="checkbox"/> Revision</p> <p><input type="checkbox"/> Footing & Foundation Plans 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 (contact reviewer before scheduling or submitting)</p> <p><input type="checkbox"/> Structural Framework – Shell Only</p> <p><input type="checkbox"/> Multiple Identical Buildings (see box 5) Number of Buildings _____</p>	<p>2. Occupancy Type <i>Major Use – Check Use with the Greatest Floor</i></p> <p><input type="checkbox"/> A Assembly A1 A2 A3 A4 A5</p> <p><input type="checkbox"/> B Business/Office B</p> <p><input type="checkbox"/> E Educational E</p> <p><input type="checkbox"/> F Factory/Industrial F1 F2</p> <p><input type="checkbox"/> H Hazardous H1 H2 H3 H4 H5</p> <p><input type="checkbox"/> I Institutional/Daycare/CBRF I1 I2 I3 I4</p> <p><input type="checkbox"/> M Mercantile/Retail M</p> <p><input type="checkbox"/> R Residential R1 R2 R3 R4</p> <p><input type="checkbox"/> S Storage S1 S2</p> <p><input type="checkbox"/> U Utility/Misc U</p> <p><i>Additional Non-Accessory Occupancies – Circle All Area that Apply</i></p>	<p>3. Construction Information Construction Class – Circle One</p> <p>IA IB IIA IIB IIIA IIIB IV VA VB</p> <p>Area (project area, include all levels): _____ sq ft --If different, Heated/Ventilated Area: _____ sq. ft --Sprinklered/Detector Protected Area: _____ sq. ft</p> <p>Number of Floor Levels _____ Total Building Volume < 50,000 Cu. Ft. ___Yes ___No</p> <p>Seismic Review Threshold (circle one)</p> <p>1. B-F and greater than 1 story</p> <p>2. A or 1 story</p> <p>3. Non-Structural Alteration</p>										
<p>B. Objects Submitted for Review as Current Review (check all that apply)</p> <p><input type="checkbox"/> Building</p> <p><input type="checkbox"/> HVAC</p> <p><input type="checkbox"/> Emergency Egress Lighting</p> <p><input type="checkbox"/> Energy Conservation Lighting</p> <p>Other Projects (Stand Alone from above)</p> <p><input type="checkbox"/> Bleacher</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><input type="checkbox"/> Other: _____</p>	<p>4. Project Information – Fill in all known information Site Number If Known _____</p> <p>Project/Site Name _____</p> <p>Tenant name or building designation _____</p> <p>Previous Tenant Name _____</p> <p>Number & Street _____</p> <p>County _____ City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> of _____</p> <p>After plans are reviewed, please:</p> <p><input type="checkbox"/> Copies will be mailed to building designer and/or designated agent</p>											
<p>C. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):</p> <p><input type="checkbox"/> Roof Truss <input type="checkbox"/> Metal Bldg</p> <p><input type="checkbox"/> Floor Truss <input type="checkbox"/> Fire Escape</p> <p><input type="checkbox"/> Steel Girder <input type="checkbox"/> Precast Plank</p> <p><input type="checkbox"/> Laminated Wood <input type="checkbox"/> Precast Wall</p>	<p>5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)</p> <table border="1"> <thead> <tr> <th>Building/Facility Name/Designation</th> <th>Building/Facility Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>Designer's Project Number (If Applicable) _____</p>		Building/Facility Name/Designation	Building/Facility Address								
Building/Facility Name/Designation	Building/Facility Address											
<p>6. Designer Information (Customer 1) First Time Submitter ___Yes ___No</p> <p>First Name _____ Last Name _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip+4 (9 digits) _____</p> <p>Phone Number (area code) _____ Fax _____ E-Mail _____</p> <p>Check all applicable</p> <p><input type="checkbox"/> Designer of _____ Bldg _____ HVAC, _____ Lighting _____ Fire Alarm _____ Fire Suppression</p> <p><input type="checkbox"/> Supervising Professional of _____ Bldg _____ HVAC</p> <p>WI Designer Registration # _____ Exp Date _____</p>	<p>Designer Information (Customer 2) First Time Submitter ___Yes ___No</p> <p>First Name _____ Last Name _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip+4 (9 digits) _____</p> <p>Phone Number (area code) _____ Fax _____ E-Mail _____</p> <p>Check all applicable</p> <p><input type="checkbox"/> Designer of _____ Bldg _____ HVAC, _____ Lighting _____ Fire Alarm _____ Fire Suppression</p> <p><input type="checkbox"/> Supervising Professional of _____ Bldg _____ HVAC</p> <p>WI Designer Registration # _____ Exp Date _____</p>											

Property Owner (or tenant) Information (Customer 3)

First Name _____ Last Name _____

Company Name _____

Address _____

City _____ State _____ Zip+4 (9 digits) _____

Phone Number (area code) _____ Fax _____ E-Mail _____

Statements of Owners and Designers

a) Owners Statement

The owner indicated on page one requests that plans be reviewed for compliance with the code requirements set forth in SPS 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

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. Lighting plans may instead be designed and submitted by the master electrician installing the system.

7. Fire Protection and Suppression

-- In accordance with SPS 361.30, all Fire Protection Systems for buildings that require plan submittal must be submitted to the **State of Wisconsin and the North Shore Fire Department** for inspection and review. A "device" includes both detection devices and notification appliances.

*Exception: projects involving the alteration or addition of **20 or less** devices to an existing fire alarm or suppression system shall be submitted to the NSFD ONLY.*

Fire Alarm and Fire Suppression Plans shall be submitted to:

WI Department of Safety and Professional Services

Hill Farms State Office Building, 4822 Madison Yards Way, Madison WI 53703; P: (608)266-3151

See also Green Bay and Waukesha Offices

North Shore Fire Department

5901 North Milwaukee River Parkway, Glendale, WI 53209; P: (414)357-0113

Village of Shorewood Planning and Development Department.

3930 N. Murray Ave., Shorewood WI 53211; P: (414)847-2640

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
- Erosion control and storm water 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

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.

For licensing of hotels, motels, restaurants, pools, short-term rentals, and bed and breakfast establishments contact the North Shore Health Department at nshealthdept.org; 5901 N. Milwaukee River Parkway, Glendale, WI 53209; P: (414)371-2980; Email: nsd@nshealthdept.org

9. Required Signatures

Supervising Professionals If building will be 50,000 cu ft 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 (SBD-9720) notifying the department as such and indicating the current status of compliance.

Signature _____ Print _____ Building HVAC

Date _____

Signature _____ Print _____ Building HVAC

Date _____

NOTE: Building supervising professional is also responsible for supervision of the lighting and 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 _____

c) Optional Service-Permission to start 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 \$75.00 fee per building) Request is for the following buildings: _____

Owner's Signature _____ Date _____

d) Invoice designer, who will be personally responsible for payment.

Designer Signature _____ Date _____

10. Fee Calculation Instructions and Schedule:

I. Building and heating and ventilation plans. Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) 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 SPS 302.31-1.

Note: SPS 302 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

Plan Review Fees for the Village of Shorewood Planning and Development

This table may be utilized for projects in the municipality that are delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the department. Reduced fees do not apply to state owned buildings.

Area (Square Feet)	Building	HVAC
Less than 2,500	\$250	\$150
2,500-5,000	\$300	\$200
5,001-10,000	\$500	\$300
10,001-20,000	\$700	\$500
20,001-30,000	\$1,100	\$600
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 \$45 will be charged if submitted separately.

B. A fee reduction may be taken for plans involving multiple identical buildings located on the **same site and submitted at the same time:** The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 302.31-1 on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

Compute Total Fee

- Building Fee (from table) [\$_____.00] + [No. of Add'l identical Bldgs ____ X Min. Fee \$_____.00] = \$_____.
- HVAC Fee (from table) [\$_____.00] + [No. of Add'l identical Bldgs ____ X Min. Fee \$_____.00] = \$_____.
- Permission to Start Construction** No. of Buildings ____ X (\$75.00) \$_____.
- Revision to previously reviewed, but not denied, plans** No. of Buildings ____ X (\$75.00) \$_____.
- (This includes submittal of revised plans, within 30 days, after an additional information/hold action)
- Components** \$_____.
- Trusses, precast, metal bldg, joist girders, etc. If submitted with or as a follow up to a current bldg project, fee is only the minimum \$100 submittal fee. If submitted as a stand-alone project or submitted following final inspection of the building, fee is \$250 plus the \$100 submittal fee.
- Additional sets of approved plan sets requested after plan approval No. of plan sets ____ X (\$25.00) \$_____.
- Plan approval extension (\$120.00) \$_____.

Total Amount Due

\$ _____

**Make checks payable to Village of Shorewood.
Mail check and payment voucher to:
Village of Shorewood
Planning and Development
3930 N. Murray Ave.
Shorewood, WI 53211**

For appointment, scheduling information, and plan submittal information please contact the Village of Shorewood Planning and Development Department.

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