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	2. Occupancy Type	Additional Non-Accessory	3. Construction Information	n
Requested (check all that apply)	Major Use – Check Use with	Occupancies – Circle All	Construction Class – Circle One	
() New	the Greatest Floor Area	that Apply)	IA IB IIA IIB IIIA	IIIB IV VA VB
() Alteration – Level: □ 1 □ 2 □ 3		,		
() Addition/Alteration–Level: □ 1 □ 2 □ 3	() A Assembly	A1 A2 A3 A4 A5	Area (project area, include all leve If different, Heated/ventilated A	els): sq ft
() Approval Extension	() B Business/Office	В	If different, Heated/ventilated A	Area:sq. ft
() Revision	() E Educational	Ē	Sprinklered/Detector Protected	d Area:sq. ft
() Footing & Foundation Plans Only	() F Factory/Industrial	F1 F2		
() Permission to Start	() H Hazardous	H1 H2 H3 H4 H5	Number of Floor Levels	
() Follow Up of a Denial Within 8 Months	() I Institutional/Daycare/CBRF		Total Building Volume < 50,000 C	Cu. FtYesNo
() Preliminary Consultation (contact	() M Mercantile/Retail	M	l	
reviewer before scheduling or submitting)	() R Residential	R1 R2 R3 R4	Seismic Review Threshold (circle	
() Structural Framework – Shell Only	() S Storage	S1 S2	B-F and greater than 1 story	2. A or 1 story
() Multiple Identical Buildings (see box 5)	() U Utilitv/Misc	U	3. Non-Structural Alteration	
Number of Buildings	4 Draiget Information Fill	! all known informat	4! Site	Alimbar If Known
b. Objects Submitted for Review as	4. Project Information – Fill	in ali known informa	tion	Number If Known
Current Review (check all that apply)	Project/Site Name			
() Building				
() HVAC	I			
() Fire Suppression (see box 7)	Previous Tenant Name			
() Fire Detection/Alarm (see box 7)				
Other Projects (Stand Alone from above) () Bleacher	Number & Street			
() Canopy	County	City ()	Village () Town () of	
() Kitchen Exhaust Hood	5 Identical Buildings (NOTE	Complete a separat	te application for each non-ic	dentical building)
() Membrane Construction				dentical ballang)
() Rack Supported Storage Building	Building/Facility Name/Designation	on Buildin	ng/Facility Address	
() 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	Designer's Project Number (If App	icable)		Add Add'l Sheets if Needed
() Steel Girder () Precast Plank		iodbio,		Add Add Tolloolo II Hooded
() Laminated Wood () Precast Wall				
Designed Information (Contemporal) First Tie	as Submitter Ves No.	Paralament Information (6	Out one O	or Voc No
	ne SubmitterYesNo	Designer Information (C		
Designer Information (Customer 1) First Tin First Name Last Name	ne SubmitterYesNo Customer Number	Designer Information (C	Customer 2) First Time Submitt Last Name	erYesNo Customer Number
		First Name		
First Name Last Name				
		First Name		
First Name Last Name		First Name		
First Name Last Name Company Name	Customer Number	First Name Company Name Address		
First Name Last Name Company Name		First Name Company Name Address		
Company Name Address City	Customer Number State Zip+4 (9 dig	First Name Company Name Address ts) City	Last Name State	Customer Number Zip+4 (9 digits)
First Name Last Name Company Name Address	Customer Number	First Name Company Name Address	Last Name State	Customer Number
First Name Last Name Company Name Address City Phone Number (area code) Fax	Customer Number State Zip+4 (9 dig	First Name Company Name Address ts) City Phone Number (area	Last Name State	Customer Number Zip+4 (9 digits)
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable	Customer Number State Zip+4 (9 dig	First Name Company Name Address ts) City Phone Number (area Check all applicable	State Code) Fax E	Customer Number Zip+4 (9 digits)
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer of Bldg HVAC. Lighting	Customer Number State Zip+4 (9 dig E-Mail Fire Alarm Fire Suppress	First Name Company Name Address ts) City Phone Number (area Check all applicable on () Designer of Bld	State Code) Fax E	Customer Number Zip+4 (9 digits)
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer of Bldg HVAC, Lighting () Supervising Professional of Bldg	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress	First Name Company Name Address ts) City Phone Number (area Check all applicable on () Designer ofBld () Supervising Profes	State	Zip+4 (9 digits) E-Mail AlarmFire Suppression
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer of Bldg HVAC. Lighting	Customer Number State Zip+4 (9 dig E-Mail Fire Alarm Fire Suppress	First Name Company Name Address ts) City Phone Number (area Check all applicable on () Designer ofBld () Supervising Profes	State Code) Fax E	Zip+4 (9 digits) E-Mail AlarmFire Suppression
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer of Bldg HVAC, Lighting () Supervising Professional of Bldg	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress	First Name Company Name Address ts) City Phone Number (area Check all applicable on () Designer ofBld () Supervising Profes	State	Zip+4 (9 digits) E-Mail AlarmFire Suppression
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer ofBldgHVAC,Lighting () Supervising Professional ofBldgWI Designer Registration #	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Other (Customer 4)	State	Zip+4 (9 digits) -Mail Alarm Fire Suppression Date
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer ofBldgHVAC,Lighting () Supervising Professional ofBldgWI Designer Registration #	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Other (Customer 4)	State	Zip+4 (9 digits) E-Mail AlarmFire Suppression
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer ofBldgHVAC,Lighting () Supervising Professional ofBldgWI Designer Registration #	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Other (Customer 4)	State	Zip+4 (9 digits) E-Mail AlarmFire Suppression Date Mail toPayer
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer ofBldgHVAC,Lighting () Supervising Professional ofBldgWI Designer Registration #	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Office (Customer 4)First Name	State	Zip+4 (9 digits) E-Mail AlarmFire Suppression Date Mail toPayer
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer ofBldgHVAC,Lighting () Supervising Professional ofBldgWI Designer Registration # Property Owner (not lessee) Information (Custor First NameLast Name	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Other (Customer 4)	State	Zip+4 (9 digits) E-Mail AlarmFire Suppression Date Mail toPayer
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer ofBldgHVAC,Lighting () Supervising Professional ofBldgWI Designer Registration # Property Owner (not lessee) Information (Custor First NameLast Name	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date	First Name Company Name Address Tis) City Phone Number (area Defended of the Company Name Check all applicable () Designer of Bld () Supervising Profes Wil Designer Registration Other (Customer 4) First Name Company Name	State	Zip+4 (9 digits) E-Mail AlarmFire Suppression Date Mail toPayer
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer of Bldg HVAC, Lighting () Supervising Professional of Bldg WI Designer Registration # Property Owner (not lessee) Information (Custo First Name Last Name Company Name	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Office (Customer 4)First Name	State	Zip+4 (9 digits) -Mail Date Mail toPayer
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer of Bldg HVAC, Lighting () Supervising Professional of Bldg WI Designer Registration # Property Owner (not lessee) Information (Custo First Name Last Name Company Name Address	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date omer 3) ne Customer Numl	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Other (Customer 4)First Name Company Name Address	State Code) Fax E IgHVAC,LightingFire A sional ofBldgHVAC on # Exp Add'I Owner Designer Last Name	Zip+4 (9 digits) -Mail AlarmFire Suppression Date Mail toPayer Customer Number
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer of Bldg HVAC, Lighting () Supervising Professional of Bldg WI Designer Registration # Property Owner (not lessee) Information (Custo First Name Last Name Company Name	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Other (Customer 4)First Name Company Name Address	State	Zip+4 (9 digits) E-Mail AlarmFire Suppression Date Mail toPayer
First Name Last Name Company Name Address City Phone Number (area code) Fax Check all applicable () Designer of Bldg HVAC, Lighting () Supervising Professional of Bldg WI Designer Registration # Property Owner (not lessee) Information (Custo First Name Last Name Company Name Address	Customer Number State Zip+4 (9 dig E-Mail Fire AlarmFire Suppress HVAC Exp Date omer 3) ne Customer Numl	First Name Company Name Address ts) City Phone Number (area Check all applicable () Designer ofBld () Supervising Profes WI Designer Registration Other (Customer 4)First Name Company Name Address	State Code) Fax E Ig_HVAC, Lighting Fire A sional of Bldg HVAC on # Exp Add'I Owner Designer Last Name	Zip+4 (9 digits) -Mail AlarmFire Suppression Date Mail toPayer Customer Number

7. Fire Protection		Submitter Comments or Requests (Optional)
	alarm or fire suppression system. If not part of this nitted 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 art of your plumbing plan submittal using the plumbing	
plan application, SBD-6154.	art or your plumbing plan submittal using the plumbing	
Check system type as applicable. Buildir	ng plans must also include this information to	
determine allowable building area / heigh	ts FIRE SUPPRESSION	
() Complete () Partial () None		
Type: () Automatic Detection () Manual Alarm	()Complete ()Partial ()None Type: ()Wet ()Dry ()Pre-action/Deluge	
Monitoring Type:	() Anti-Freeze () Manual Wet	
() Central Station () Remote Supervision	NFPA Fire Suppression Standards used () 11 () 11A () 12 () 13 () 13R	
() Proprietary Supervision	() 13D () 13D - MPP () 14 () 15	
() Protected Premises	() 16 () 17 () 17R () 17A () 20 () 22 () 24 () 750 () 2001 () Other	
	(/== (/== (/=== (/====	
Other Petential Plan Submittals	Paguired For A Project?	
 Other Potential Plan Submittals Contact S&BD for individual submittal requi 		
Petition for Variance – Submit form SB Plumbing and private sources aveters.		- Erosion control and stormwater management under SPS 360
 Plumbing and private sewage systems Elevators or Escalators under SPS 318 		 Boiler andpressure vessels under SPS 341 Mechanical Refrigeration under SPS 345
 Swimming Pools or other Aquatic Cent 	ers within a Commercial/Public Facility under SPS 390	- There is no state electrical review under SPS 316
	of flammable or combustible liquids under SPS 10 ode requirements, including plan review, for hospitals and	d nursing homes. Daycare facilities must meet building codes prior to
their licensing.		
	pools, campgrounds, and bed and breakrast establishment 287, may be able to help you with other state permit require	s contact the Environmental Sanitation Section, 608-266-2835. ements.
ote: Re aware that state plan review	and approval is sonarate from local permits. Che	eck with the local municipality and county for their
equirements.	and approval is separate from local permits.	sek with the local manicipality and county for their
. Required Signatures		
361.40 for the performance of the supervision specifications. Upon completion of construction struction has or has not been performed in	of reasonable on-the-site observations to determine if the one on, I will file a written statement with the department and mo	een retained by the owner as the supervising professional per SPS construction is in substantial compliance with the approved plans and unicipality certifying that, to the best of my knowledge and belief, fications. In the event that I am no longer associated with this project I status of compliance.
· ·		() Building () HVAC Date
		() Building () HVAC Date
NOTE: Building supervising professional is also respon	sible for supervision of fire suppression / alarm installation (if applicab	
	t requires that the project designer review individual compo the seal of the component designers for compliance with th	nent submittals for compliance with the general design concept. The e codes as they apply to their designs.
Original Signature of Building Designer	Date Signed	Name of Component Fabricator
() As the owner, I request to begin reviewed, and to remove or replace a	t Requested – (Be sure to check box under Building Submit footing and foundation work PRIOR to plan review approva any non-code complying construction. I will not permit const	al. I agree to make any changes required after plans have been ruction above the foundation until approved plans are at the site.
d) () Invoice designer, who will	be personally responsible for payment.	
Designer Signature		
0. Statements of Owners and Des	signer	
60 to 66 of the department. The ov building is 50,000 cubic feet in total	vner recognizes responsibility for compliance with al	d for compliance with the code requirements set forth in Comm I the code requirements and any conditions of approval. If a ed, 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.