

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 City of Sparta Commercial Building Permit application for projects not requiring State approved plans.

<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: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> Addition/Alteration–Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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>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"/> Fire Suppression (see box 7)</p> <p><input type="checkbox"/> Fire Detection/Alarm (see box 7)</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>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>2. Occupancy Type</p> <p>Major Use – Check Use with the Greatest Floor Area</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 Utilitv/Misc U</p> <p>Additional Non-Accessory Occupancies – Circle All that Apply)</p>	<p>3. Construction Information</p> <p>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</p> <p>If different, Heated/ventilated Area: _____ sq. ft</p> <p>Sprinklered/Detector Protected Area: _____ sq. ft</p> <p>Number of Floor Levels _____</p> <p>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 2. A or 1 story</p> <p>3. Non-Structural Alteration</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 () Village () Town () of _____</p>																
<p>5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Building/Facility Name/Designation</th> <th style="width: 50%;">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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>Designer's Project Number (If Applicable) _____ Add Add'l Sheets if Needed</p>			Building/Facility Name/Designation	Building/Facility Address												
Building/Facility Name/Designation	Building/Facility Address															
<p>Designer Information (Customer 1) First Time Submitter ___Yes ___No</p> <p>First Name _____ Last Name _____ Customer Number _____</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 _____ Customer Number _____</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>Property Owner (not lessee) Information (Customer 3)</p> <p>First Name _____ Last Name _____ Customer Number _____</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>Other (Customer 4) ___Add'l Owner ___Designer ___Mail to ___Payer</p> <p>First Name _____ Last Name _____ Customer Number _____</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>															

