

Wisconsin Department of Commerce

**APPLICATION FOR REVIEW**  
**BUILDINGS, HVAC, LIGHTING, FIRE AND COMPONENTS – SBD-118**

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

OFFICE USE:  
 Trans ID: \_\_\_\_\_  
 Assigned Reviewer: \_\_\_\_\_  
 Assigned Office: \_\_\_\_\_  
 Reviewer Start Date\*: \_\_\_\_\_

**For pre-scheduling** of building HVAC, and fire plans, use the electronic *online request for commercial building plan appointments* found at <http://commerce.wi.gov/SB/SB-DivPlanReview.html#>. This form is to be used only for mailing or dropping off plans without an appointment, or if you are scheduling a **Revision or Lighting** via FAX (see Box 13 for further information). Check our website at <http://commerce.wi.gov/SB/SB-DivForms.html> for the most current version of this form. **We may re-distribute plans to another office if needed to reasonably balance turnaround times.** You may monitor the status of your plan at: <http://commerce.wi.gov/SB/SB-DivReviewStatusSearch.html>

Enter Previous Related Trans. ID if applicable: \_\_\_\_\_  
**(If no previous related transaction is provided, plan review will be based on the current code, except for revisions. If a previous related transaction is entered and the parent building approval transaction has not expired, you may elect below to use the code in effect at the time of that approval for follow-up revision, HVAC and fire protection submittals related to that building approval. Note that this submittal's approval would then expire no later than the parent building approval.)**  
 Please review under the code in effect at the time of the parent building approval.  
 Circle your choice of office: 1. Next available appt in any office 2. Green Bay  
 3. Hayward 4. LaCrosse 5. Madison 6. Shawano 7. Waukesha  
 FOR SCHEDULING REVISIONS BY FAX - Enter date plan will be in our office: \_\_\_\_\_  
 Where should we send the Appointment Confirmation:  E-mail:  Fax \_\_\_\_\_

**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  
 Permission to Start  
 Follow Up of a Denial Within 8 Months  
 Preliminary Consultation (contact reviewer before scheduling or submitting)  
 Structural Framework – Shell Only  
 Multiple Identical Buildings (see box 5)  
 Number of Buildings \_\_\_\_\_

**2. Occupancy Type**  
 Major Use – Check Use with the Greatest Floor Area  
 A Assembly A1 A2 A3 A4 A5  
 B Business/Office B  
 E Educational E  
 F Factory/Industrial F1 F2  
 H Hazardous H1 H2 H3 H4 H5  
 I Institutional/Daycare/CBRF I1 I2 I3 I4  
 M Mercantile/Retail M  
 R Residential R1 R2 R3 R4  
 S Storage S1 S2  
 U Utility/Misc U

Additional Non-Accessory Occupancies – Circle All that Apply )

**3. Construction Information**  
 Construction Class – Circle One  
 IA IB IIA IIB IIIA IIIB IV VA VB  
 Area (project area, include all levels): \_\_\_\_\_ sq ft  
 Number of Floor Levels \_\_\_\_\_  
 Total Building Volume is less than 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

**b. Objects Submitted for Review as Current Review (check all that apply)**  
 Building  
 HVAC  
 Lighting & Emergency Egress  
 Fire Suppression (see box 7)  
 Fire Detection/Alarm (see box 7)

**4. Project Information – Fill in all known information** Site Number If Known \_\_\_\_\_  
 Project/Site Name \_\_\_\_\_  
 Tenant name or building designation \_\_\_\_\_  
 Previous Tenant Name \_\_\_\_\_  
 Number & Street \_\_\_\_\_  
 County \_\_\_\_\_ City ( ) Village ( ) Town ( ) of \_\_\_\_\_

**Other Projects (Stand Alone from above)**  
 Bleacher  
 Canopy  
 Kitchen Exhaust Hood  
 Membrane Construction  
 Rack Supported Storage Building  
 Elevated Pedestrian Access

**5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)**

Building/Facility Name/Designation	Building/Facility Address

**c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):**  
 Roof Truss  Metal Bldg  
 Floor Truss  Fire Escape  
 Steel Girder  Precast Plank  
 Laminated Wood  Precast Wall

Designer's Project Number (If Applicable) \_\_\_\_\_ Add Add'l Sheets if Needed \_\_\_\_\_  
**6. After plans are reviewed, please: (check all that apply) \*Refers to customer number from below**  
 Call Customer 1, 2, 3, 4 (circle number)\*  Mail plans to customer 1, 2, 3, 4 (circle number)\*  
 Hold plans for pickup by designer designated agent

**Designer Information (Customer 1)** First Time Submitter \_\_\_Yes\_\_\_No  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
 Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Check others if applicable  
 Designer of \_\_\_ Bldg \_\_\_ HVAC, \_\_\_ Lighting \_\_\_ Fire Alarm \_\_\_ Fire Suppression  
 Designer A/E # \_\_\_\_\_  
 Supervising Professional A/E # \_\_\_\_\_ of \_\_\_ Bldg \_\_\_ HVAC

**Designer Information (Customer 2)** First Time Submitter \_\_\_Yes\_\_\_No  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
 Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Check others if applicable  
 Designer of \_\_\_ Bldg \_\_\_ HVAC, \_\_\_ Lighting \_\_\_ Fire Alarm \_\_\_ Fire Suppression  
 Designer A/E # \_\_\_\_\_  
 Supervising Professional A/E # \_\_\_\_\_ of \_\_\_ Bldg \_\_\_ HVAC

**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) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Other (Customer 4) \_\_\_Add'l Owner\_\_\_ Designer \_\_\_Mail to\_\_\_ Payer**  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
 Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_



**11. Fee Calculation Instructions**  
**FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE**  
**Calculate appropriate fee on page 4 and enter total on Page 4.**

- 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 2.31-1 or Table 2.31-2

**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 2.31-1**  
**Plan Review Fees for**  
**Buildings Not Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings**

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$300	\$180	\$50	\$50
2,500 - 5,000	350	250	100	100
5,001 - 10,000	600	300	150	150
10,001 - 20,000	800	450	200	200
20,001 - 30,000	1,200	600	250	250
30,001 - 40,000	1,600	900	400	400
40,001 - 50,000	2,100	1,200	550	550
50,001 - 75,000	2,900	1,600	800	800
75,001 - 100,000	3,600	2,200	1,100	1,100
100,001 - 200,000	6,000	2,900	1,400	1,400
200,001 - 300,000	10,500	6,700	3,300	3,300
300,001 - 400,000	15,500	9,800	4,800	4,800
400,001 - 500,000	18,500	12,000	6,300	6,300
Over 500,000	20,000	13,500	7,100	7,100

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

This table may be utilized for projects in municipalities 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 of Commerce. Reduced fees do not apply to state owned buildings. Check our website home page at <http://www.commerce.wi.gov/SB/SB-CommBldgsDeleMunis.html>, or call 608-266-3151 for the current list.

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$250	\$150	\$30	\$ 30
2,501 - 5,000	300	200	60	60
5,001 - 10,000	500	300	100	100
10,001 - 20,000	700	400	150	150
20,001 - 30,000	1,100	500	200	200
30,001 - 40,000	1,400	800	350	350
40,001 - 50,000	1,900	1,100	500	500
50,001 - 75,000	2,600	1,400	700	700
75,001 - 100,000	3,300	2,000	1,000	1,000
100,001 - 200,000	5,400	2,600	1,200	1,200
200,001 - 300,000	9,500	6,100	3,000	3,000
300,001 - 400,000	14,000	8,800	4,400	4,400
400,001 - 500,000	16,700	10,800	5,600	5,600
Over 500,000	18,000	12,100	6,400	6,400

**NOTES:**

- A. **Plan entry fee of \$100.00** shall be submitted with each submittal of plans to the department in addition to the plan review and inspection fees.
- B. **Lighting Plans and Calculations** will be reviewed at no additional cost if submitted with the Building Plans. A fee of \$75 will be charged if submitted with the HVAC Plans. A Fee of \$75 plus the \$100 submittal fee (Total \$175) is required for all Lighting Plans submitted separately. Lighting Energy Plans / Calculations and Egress Lighting Plans / Calculations must be submitted together.
- C. 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 2.31-1 or 2.31-2 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.

