

CITY OF DE PERE

335 South Broadway
 De Pere, WI 54115
 Fax No.: 920/339-4049
 Web: <http://www.de-pere.org>



DPBID-118 Application for Review – Buildings, HVAC,

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

Customer ID No:

Assigned Reviewer:

Enter Previous Related Trans ID if applicable:

This form is to be used only for mailing or dropping off plans without an appointment, scheduling a revision or stand-alone HVAC or submitting structural component plans. Provide two complete full-size sets of plans and one digital plan set in a PDF format.

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.
 For scheduling revisions or stand-alone plans, enter date plan will be in our office:

PROJECT DESCRIPTION:

Project Information – Fill in all known information

Project/Site Name: _____

Tenant Name or Building Designation: _____

Previous Tenant Name: _____

Number and Street: _____

County: _____ City Village Town of _____

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

Building/Facility Name/Designation

Building/Facility Address

Designer's Project Number (If Applicable)

Add Additional Sheets if Needed

1.a. Type of Submittal or Service Requested (check all that apply)

- New/ Addition IEBC Work Area Method – Level 1 2 3 IEBC Change of Use/Occupancy
 IBC for Alteration IEBC Performance Compliance Footing & Foundation Plans Only
 Permission to Start IEBC Building/ Structural Analysis
 IEBC Addition

Number of Buildings: _____ Design Professionals using the IEBC shall choose either Work Area Method or Performance Compliance Method.

b. Objects Submitted for This Current Review (check all that apply)

- Building HVAC

Other Projects (Stand Alone from above)

- Bleacher Interior Exterior 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 Metal Bldg Floor Truss Precast Plank Steel Girder Precast Wall Laminated Wood

2. Occupancy Type – Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies – Check all that Apply

- A Assembly A1 A2 A3 A4 A5 I Institutional/Daycare/CBRF I1 I2 I3 I4
 B Business/Office B M Mercantile/Retail M
 E Educational E R Residential R1 R2 R3 R4
 F Factory/Industrial F1 F2 S Storage S1 S2
 H Hazardous H1 H2 H3 H4 H5 U Utility/Misc. U

3. Construction Information – Construction Class – Check One <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. After plans are reviewed, please: (check all that apply) ***Refers to customer number from below.**

Call customer 1 2 3 4 (check number)* Hold plans for pickup by designer designated agent.

(Customer 1) Designer Information First Time Submitter <input type="checkbox"/> Yes <input type="checkbox"/> No	(Customer 2) Designer Information First Time Submitter <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name: Last Name Customer No.	First Name: Last Name Customer No.
Company Name:	Company Name:
Address:	Address:
City: State: Zip+4 (9 digits)	City: State: Zip+4 (9 digits)
Phone Number (area code)	Phone Number (area code)
Email:	Email:
Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC	Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC
<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC	<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC
WI Designer Registration # Exp. Date:	WI Designer Registration # Exp. Date:
(Customer 3) Building Owner Information (not lessee) First Name Last Name Customer Number	(Customer 4) Other <input type="checkbox"/> Mail to <input type="checkbox"/> Carbon Copy First Name Last Name Customer Number
Company Name:	Company Name:
Address: City: State Zip+4	Address: City: State Zip+4
Phone Number (area code)	Phone Number (area code)
Email:	

5. Other Potential Plan Submittals Required For A Project?

- Contact Industry Services for individual submittal requirements for all of the following:
 - Petition for Variance – Submit form SBD-9890- Boiler and Pressure Vessels under SPS 341
 - Plumbing and Private Sewage Systems under SPS 381-385- Mechanical Refrigeration under SPS 345
 - Elevators or Escalators under SPS 318- There is no required state electrical review under SPS 316
 - Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under SPS 390
- **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, campgrounds, and bed and breakfast establishments contact the Environmental Sanitation Section, 608-266-2835.
- The Wisconsin Permit Center, 1-800-435-7287, may be able to help you with other state permit requirements.

6. Fire Protection

Provide the following information on any fire alarm or fire suppression system. Fire alarm and fire suppression is not part of the submittal, and will need to be submitted for review to the department (DSPS) with plans for the project, except that our Hayward and Holmen offices do not review fire protection plans. Submit plans for multi-purpose piping (MPP) systems as part of your plumbing plan submittal using the plumbing plan application, SBD-6154.

Check system type as applicable. Building plans must also include this information to determine allowable building area / heights

FIRE ALARM

Complete Partial None

Type: Automatic Detection
 Manual Alarm

Monitoring Type:

- Central Station
- Remote Supervision
- Proprietary Supervision
- Protected Premises

FIRE SUPPRESSION

Complete Partial None

Type: Wet Dry Pre-action/Deluge
 Anti-Freeze Manual Wet

NFPA Fire Suppression Standards used

- | | | | | |
|------------------------------|------------------------------------|------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> 11 | <input type="checkbox"/> 11A | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 13R |
| <input type="checkbox"/> 13D | <input type="checkbox"/> 13D – MPP | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | <input type="checkbox"/> 17R | <input type="checkbox"/> 17A | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 22 | <input type="checkbox"/> 24 | <input type="checkbox"/> 750 | <input type="checkbox"/> 2001 | <input type="checkbox"/> Other _____ |

7. Required Signatures

a) 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 below: _____ Print below: _____

Building HVAC Date: _____

Signature below: _____ Print below: _____

Building HVAC Date: _____

NOTE: Building supervising professional or registered designer is responsible for supervision of the fire suppression/fire alarm installation (if applicable)

b) Component Submittal. The City Of De Pere 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—of 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 \$160.00 fee per building) Request is for the following buildings:

Owner's Signature: _____ Date: _____

Designer's Signature _____

8. Statements of Owners and Designer

a) OWNERS Statement: The owner indicated on page one requests that plans be reviewed for compliance with the code requirements set forth in SPS 360 to 366 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 (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 Industry Services 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.

9. Fee Calculation Instructions
Fee Schedule Summary: Wisconsin Building Code
Calculate appropriate fee on page 3 and enter total on Page 4.

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 302.31-1.

