

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.]

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

3. Construction Information
 Construction Class – Circle One
 IA IB IIA IIB IIIA IIIB IV VA 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. ___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 |
|------------------------------------|---------------------------|
| | |
| | |
| | |
| | |

Designer's Project Number (if Applicable) _____ Add Add'l Sheets if Needed _____

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

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 _____

