

Tax Key # _____

**APPLICATION FOR REVIEW
BUILDINGS, HVAC AND
COMPONENTS – FRSBD-118**

Agent City Plan Review

Complete all pages-

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

**9229 W. Loomis Road, Franklin WI 53132 Ph. 414-425-0084 Fax 414-425-7513
E-Mail: generalinspection@franklinwi.gov**

Plan Review number: _____
 Previous review number: _____
 Date received: _____
 Reviewers Name: _____
 Approval Date: _____
FEE _____
 Must use tables 302.31-2 and 302.31-3 to determine fees

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
 Follow Up of a Denial within 8 Months
 Permission to start construction (see Box 9c)
 Footing & Foundation Plans Only
 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
 A-1 A-2 A-3 A-4 A-5
 B
 E
 F-1 F-2
 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 I-4
 M
 R-1 R-2 R-3 R-4
 S-1 S-2
 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 and ventilated area _____ 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. Current Objects Submitted for Review (check all that apply)
 Building
 HVAC
 Energy conservation lighting
 Emergency egress

IF YOU ARE USING THIS APPLICATION TO COMPLETE A BUILDING PROJECT THAT IS ALREADY APPROVED, PLEASE INDICATE THAT BUILDING PERMIT NUMBER THEN COMPLETE ONLY THE FOLLOWING: BOX #1, BOX #4 (COMPLETE IF THIS IS A PARTIAL PROJECT), BOX #5 (IF IT APPLIES), BOX #6 AND THE CUSTOMER BOXES.

Fire Suppression (see box 7)
 Fire Detection/Alarm (see box 7)

c. Other Projects (Standalone from above)
 Antennas and towers
 Bleacher, interior__ Exterior__
 Canopy
 Elevated Pedestrian Access
 Kitchen Exhaust Hood
 Hood fire suppression (see box 7)
 Membrane Construction
 Rack Supported Storage Building

4. Project Information – Fill in all known information **Tax key number if known**
 Project/Site Name _____
 Tenant name or building designation _____
 Previous Tenant Name _____
 Number & Street _____

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

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 additional sheets if necessary

Designer Information (Customer 1)
 First Name _____ Last Name _____
 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
 Supervising Professional of ___ Bldg ___ HVAC
 WI Designer Registration # _____ Exp date. _____

Designer Information (Customer 2)
 First Name _____ Last Name _____
 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
 Supervising Professional of ___ Bldg ___ HVAC
 WI Designer Registration # _____ Exp date. _____

Property Owner (not lessee) Information (Customer 3)
 First Name _____ Last Name _____
 Company Name _____
 Address _____
 City _____ State _____ Zip+4 (9 digits) _____
 Phone Number (area code) _____ Fax _____ E-Mail _____

Other (Customer 4)
 First Name _____ Last Name _____
 Company Name _____
 Address _____
 City _____ State _____ Zip+4 (9 digits) _____
 Phone Number (area code) _____ Fax _____ E-Mail _____

7 All plans for fire protection systems; including but not limited to: underground fire protection mains (including combination mains), automatic fire sprinkler systems, fire alarm systems, commercial kitchen systems, and clean-agent extinguishing systems must be submitted directly to Fire Safety Consultants, Incorporated (FSCI) www.firesafetyfsci.com.

FSCI, through the Franklin Fire Department is authorized to act as a delegated agent of the Wisconsin Department of Safety and Professional Services (DPS) in reviewing fire protection systems. With the exception of underground mains, a separate submittal to DPS is not required in most cases.

Exception: Plans for minor modifications involving 20 or fewer sprinkler heads or alarm devices to existing systems may be submitted to the Fire Department at: [Fire Protection Permit \(franklinwi.gov\)](mailto:FireProtectionPermit@franklinwi.gov) (For questions on whether minor modification exception applies, please contact the Fire Department at Fbureau@franklinwi.gov).

Fire Suppression and Fire alarm
Fire Safety Consultants
Phone: 847-697-1300 Fax: 847-697-1310
Info@firesafetyfsci.com

8. Other Potential Plan Submittals Required For A Project?

Contact DPS for individual submittal requirements for all of the following:

- Petition for Variance – Submit form SBD-9890
 - Plumbing and private sewage systems under chapters SPS 381-385
 - Elevators or Escalators under chapter SPS. 318
 - Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter SPS 390
 - Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter SPS 310
 - There is no state electrical review at this time under SPS 316
- Erosion control & storm water management under SPS.360
 - Boiler & pressure vessels under SPS.341
 - Mechanical Refrigeration under SPS.345

Department of Health 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, Taverns, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the Franklin Health Department at (414)-425-9101.

The Wisconsin Permit Center at 1-800-435 -7287 may be able to help you with other state permit requirements.

Note: Be aware that State Plan Review & Approval in some cases are separate from local permits and reviews.

9. Required Signatures

a) **SUPERVISING PROFESSIONAL:** 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 City of Franklin 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.

Supervising Professional's Signature _____ () Building () HVAC Date _____

Supervising Professional's Signature _____ () Building () HVAC Date _____

Supervising Professional's Signature _____ () Building () HVAC Date _____

NOTE: Building Supervising Professional is also responsible for supervision of the Lighting & Fire Suppression / Alarm Installation (If Applicable)

b) **COMPONENT SUBMITTAL** The Department 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

10. Statements of Owners and Designer

a) Owners Statement the owner indicated on page 1 request that plans be reviewed for compliance with the code requirements set forth in Chapters 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 1 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 Division of Safety & Buildings 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. Lighting plans may be designed and submitted by the master electrician installing the system.

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 plans.** Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) 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 SPS 302.31-2 and Table 302.31-3

Table 302.31-2
Plan Review Fees for
Buildings Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings

This table and the table below are to be utilized for projects in this municipality which is 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.

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

Plan Table 302.31-3
Fees to be forwarded to the State
For Reviews Performed by Second Class Cities and Appointed Agents

Area (Square Feet)	Building Plans	HVAC Plans
Less than 2,500	\$30	\$18
2,501 - 5,000	35	25
5,001 - 10,000	60	30
10,001 - 20,000	80	45
20,001 - 30,000	120	60
30,001 - 40,000	160	90
40,001 - 50,000	210	120
50,001 - 75,000	290	160
75,001 - 100,000	360	220
100,001 - 200,000	600	290
200,001 - 300,000	1,050	670
300,001 - 400,000	1,550	980
400,001 - 500,000	1,850	1,200
Over 500,000	2,000	1,350

NOTE: 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.

12. CALCULATION OF FEES

Determine Area: The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas. Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
Total Area				=	_____

B. Fees from BOTH TABLES must be used in order to determine the plan review fees

Agent Review fee(s) (Table 302.31-2)

- **Building Fee** (from table) [\$_____.00] + [No. of Add 'l identical Bldgs ____ X Min. Fee \$_____.00] = \$_____.00
- **HVAC Fee** (from table) [\$_____.00] + [No. of Add 'l identical Bldgs ____ X Min. Fee \$_____.00] = \$_____.00

State Administrative fee(s) (Table 302-31-3)

- **Building Fee** (from table) [\$_____.00] + [No. of Add 'l identical Bldgs ____ X Min. Fee \$_____.00] = \$_____.00
 - **HVAC Fee** (from table) [\$_____.00] + [No. of Add 'l identical Bldgs ____ X Min. Fee \$_____.00] = \$_____.00
 - **Revision to previously reviewed, but not denied, plans** No. of Buildings ____ X (\$225.00) \$_____.00
(This includes submittal of revised plans, within 30 days, after an additional information/hold action)
 - **Additional number of plan sets** No. of Plan sets in excess of 5 ____ X (\$25.00/set)
 - **Components**
(Trusses, precast, metal bldg., joist girders, etc. If submitted with or as a follow up to a current bldg. project, the fee is only the minimum \$100. If submitted as a stand-alone project, the fee is \$250 in addition to the \$100 submittal fee. \$_____.00
 - **Submittal Fee** (required for each and every separate submittal of choices above) \$ **100.00**
 - **Additional sets of approved plan sets requested after plan approval** No. of Plan Sets ____ X (\$25.00) \$_____.00
 - **Plan Approval Extension** (\$120.00)
- Total amount due \$_____00**

Plan review submittals:

New Buildings, additions and alterations 2 sets of hard copy plans, 1 pdf copy
 HVAC 2 sets of hard copy plans, 1 pdf copy
 Only 2 sets of calculations and or specifications are required

NOTE: All approved plans must be available on the job site for review

MAKE CHECKS PAYABLE TO City of Franklin

ATTACH CHECK TO PAGE 1

Total Amount Due

 \$ _____