

**APPLICATION FOR REVIEW
BUILDING, HVAC, LIGHTING AND COMPONENTS
COMPLETE ALL SIDES**

Department of Community Development
Inspection Services Division
203 South Farwell Street
P. O. Box 5148
Eau Claire, WI 54702-5148
Telephone 715-839-4947 - Fax 715-839-4939


INSTRUCTIONS: Please TYPE or PRINT clearly. Information on this form is important for providing you with timely and efficient scheduling and review of your project. Incomplete submittal will cause delays in processing and potentially could result in a rescheduling of your review to a later date.	DATE: _____
	PLAN NO: _____
	SITE PLAN NO: _____
	DATE RECEIVED: _____

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

1. After plans are reviewed, please: (check all that apply)

_____ Call when completed	Name: _____	Phone #: _____
_____ Will pick up		
_____ Comments: _____		

2. Site Information

City of: <u>Eau Claire</u>	County of: <input type="checkbox"/> Eau Claire <input type="checkbox"/> Chippewa
Address	
Street #. _____	Street _____ Suite # _____ Space # _____ Zip Code _____
Land Owner Type (check one)	<input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private
Parcel #: _____	
Subdivision Name _____	
Lot _____	Block _____
Tenant's Name _____	
 ATTACH CHECK HERE	

3. Fees Submitted for Review Request

See back page for fee calculations. Provide Total Amount Due in the space provided and attach check.

MAKE CHECKS PAYABLE TO: CITY TREASURER	TOTAL AMOUNT DUE \$ _____
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FURTHER INFORMATION ON REVERSE SIDE →

For Treasury Use #1552
(1/16)

4. Items Submitted for Review

Regulated Objects Submitted for Review		Regulated Object Description
1. Building (<input type="checkbox"/> new <input type="checkbox"/> addition <input type="checkbox"/> alteration <input type="checkbox"/> revision)	<input type="checkbox"/>	
2. HVAC System	<input type="checkbox"/>	
3. Structural Component (No Fee)	<input type="checkbox"/>	
4. Structure (non-occupied, non-building)	<input type="checkbox"/>	
5. Lighting System (Includes egress & energy conservation)	<input type="checkbox"/>	
6. Permission to Start (No Fee)	<input type="checkbox"/>	

5. Regulated Object Type Details Complete information requested where applicable.

<p align="center">Building</p> <p>Number of Floor Levels _____</p> <p>Number of Stories _____</p> <p>Total Floor Area _____ sf</p> <p>Total Building Volume _____ cf</p> <p>Level of Alteration</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p align="center">Occupancy Type</p> <p>(Major Use - Check Use With the Greatest Floor Area)</p> <p><input type="checkbox"/> A Assembly</p> <p><input type="checkbox"/> B Business/Office</p> <p><input type="checkbox"/> E Educational</p> <p><input type="checkbox"/> F Factory/Industrial</p> <p><input type="checkbox"/> H Hazardous</p> <p><input type="checkbox"/> I Institutional/Day Care/CBRF</p> <p><input type="checkbox"/> M Mercantile/Retail</p> <p><input type="checkbox"/> R Residential</p> <p><input type="checkbox"/> S Storage</p> <p><input type="checkbox"/> U Utility/Misc.</p> <p>(Sub Uses - Check Uses In This Building)</p> <p><input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5</p> <p><input type="checkbox"/> B</p> <p><input type="checkbox"/> E</p> <p><input type="checkbox"/> F1 <input type="checkbox"/> F2</p> <p><input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5</p> <p><input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4</p> <p><input type="checkbox"/> M</p> <p><input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4</p> <p><input type="checkbox"/> S1 <input type="checkbox"/> S2</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>		<p align="center">Construction Information</p> <p align="center">Construction Class</p> <p><input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA</p> <p><input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB</p> <p align="center">Sprinklered Type</p> <p><input type="checkbox"/> Partial <input type="checkbox"/> Complete <input type="checkbox"/> None</p> <p><input type="checkbox"/> NFPA 13</p> <p><input type="checkbox"/> NFPA 13R</p> <p><input type="checkbox"/> NFPA 231</p> <p><input type="checkbox"/> NFPA 231C</p> <p align="center">Component Included with this submittal (check all that apply):</p> <p><input type="checkbox"/> Precast Concrete</p> <p><input type="checkbox"/> Wood Truss</p> <p><input type="checkbox"/> Steel Joist Girder</p> <p><input type="checkbox"/> Metal Building</p> <p><input type="checkbox"/> Laminated Wood</p> <p><input type="checkbox"/> Fire Escape</p> <p><input type="checkbox"/> Interior Bleacher</p> <p align="center">HVAC</p> <p align="center">Submittal Includes</p> <p align="center">(Check all that apply:)</p> <p><input type="checkbox"/> Grease/Range Hood</p> <p><input type="checkbox"/> VAV System</p> <p><input type="checkbox"/> Boilers</p> <p><input type="checkbox"/> Seasonal Use</p> <p>Dates</p> <p>From _____ to _____</p> <p><input type="checkbox"/> Mechanical Refrigeration</p> <p>Over 50 Tons</p>	<p align="center">HVAC Fuel Source</p> <p><input type="checkbox"/> Oil/LPG</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Solid</p> <p><input type="checkbox"/> Electrical</p> <p align="center">Structure</p> <p align="center">Structure Type</p> <p><input type="checkbox"/> Antenna Tower</p> <p><input type="checkbox"/> Tower</p> <p><input type="checkbox"/> Canopy</p> <p><input type="checkbox"/> Exterior Bleacher</p> <p align="center">Construction Material</p> <p align="center">(for SPS 362 only)</p> <p><input type="checkbox"/> Completely Noncombustible</p> <p><input type="checkbox"/> Combustible</p> <p><input type="checkbox"/> Partially Noncombustible</p> <p><input type="checkbox"/> NC-0 <input type="checkbox"/> NC-2</p> <p align="center">Erosion Control</p> <p>Disturbed Area: _____ acres</p> <p align="center">Site</p> <p>Easements from Others?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Site ID (or address) of Others Giving Easements: _____</p> <p align="center">Lighting</p> <p>Light Load in KW</p> <p align="center">Lighting Controls</p> <p><input type="checkbox"/> Day Lighting</p> <p><input type="checkbox"/> Shut Off</p> <p><input type="checkbox"/> Light Reduction</p> <p><input type="checkbox"/> None</p>
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6. Components Submitted Separate from Building

The department expects, and requires that the project designer review individual component submittal for compliance with the general design concept. The project designer, and department, will reply on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer (Component Submittal) Date Signed Name of Component Fabricator

7. Permission to start requested

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.

Owner's Signature _____

8. Statements of (Owner's, Designer's, and Supervising Professional's signatures required below)

a) OWNERS I request that plans be reviewed for compliance with the code requirements set forth in Chs. SPS 60-66 of the department. I recognize that I am responsible for compliance with all the code requirements and any conditions of approval. If this building exceeds 50,000 cubic feet in total volume, I will retain as required by SPS 361.40, a supervising professional through out construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.

b) DESIGNERS (SPS 361.40) If this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect. Signatures and seals shall be original. I certify that the submitted plans were prepared under my supervision, are accurate, and to the best of my knowledge comply with the applicable codes of the Division of Safety & Buildings.

c) SUPERVISING PROFESSIONALS (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 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.

Designer Information (Customer 1)	
Individual (or business contact)	

(First)	Middle Last, (Suffix)
Customer Type (check all that apply)	
<input type="checkbox"/> Owner/Owner's Agent	<input type="checkbox"/> Payer (on check)
<input type="checkbox"/> Designer	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Supervising Professional	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Other _____	
Business Name (if applicable)	
P O BOX Zip Code	
City State	
Phone Number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home
Fax number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home
Internet/E-mail Address	
Signature (if applicable)	
Owner Information (Customer 2)	
Individual (or business contact)	

(First)	Middle Last, (Suffix)
Customer Type (check all that apply)	
<input type="checkbox"/> Owner/Owner's Agent	<input type="checkbox"/> Payer (on check)
<input type="checkbox"/> Designer	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Supervising Professional	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Other _____	
Business Name (if applicable)	
P O BOX Zip Code	
City State	
Phone Number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home
Fax number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home
Internet/E-mail Address	
Signature (if applicable)	

Requesting Party (if different than designer) (Customer 3)	
Individual (or business contact)	

(First)	Middle Last, (Suffix)
Customer Type (check all that apply)	
<input type="checkbox"/> Owner/Owner's Agent	<input type="checkbox"/> Payer (on check)
<input type="checkbox"/> Designer	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Supervising Professional	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Other _____	
Business Name (if applicable)	
P O BOX Zip Code	
City State	
Phone Number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home
Fax number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home
Internet/E-mail Address	
Signature (if applicable)	
Other (Please specify) (Customer 4)	
Individual (or business contact)	

(First)	Middle Last, (Suffix)
Customer Type (check all that apply)	
<input type="checkbox"/> Owner/Owner's Agent	<input type="checkbox"/> Payer (on check)
<input type="checkbox"/> Designer	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Supervising Professional	<input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting
<input type="checkbox"/> Other _____	
Business Name (if applicable)	
P O BOX Zip Code	
City State	
Phone Number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home
Fax number (area code)	<input type="checkbox"/> Work <input type="checkbox"/> Home
Internet/E-mail Address	
Signature (if applicable)	

9. Certified Agent Municipalities Authorized by the State to Conduct Plan Review

Per SPS 361.60, drawings, specifications and calculations for all the types of buildings and structures specified in SPS 361.60, except state-owned buildings and structures, to be constructed within the limits of a municipality or county that is not included in pars. (a) and (b) shall be submitted to either the department or to that municipality or county if the municipality or county has assumed the responsibilities of plan examination and building inspection in accordance with sub. (2) and if the plans are for any of the following: 1) A new building or structure containing less than 50,000 cubic feet of total volume. 2) a. An addition to a building or structure where the area of the addition results in the entire building or structure containing less than 50,000 cubic feet of total volume. b. An addition containing no more than 2,500 square feet of total floor area and no more than one floor level, provided the largest roof span does not exceed 18 feet and the exterior wall height does not exceed 12 feet. 3. An alteration of a space involving less than 100,000 cubic feet of total volume.

10. Fee Calculations Instructions

FEE SCHEDULE SUMMARY

Effective January 1, 2016

Building, heating and ventilation, lighting plans. NOTE: Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration.

AREA: The area of a building 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 roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total gross floor area is the summation of all the floor levels, including mezzanines.

FEE SCHEDULE - PLAN REVIEW

Area (square feet)	Building/Lighting and HVAC	Building ONLY	HVAC OR Lighting Only
Up to 2,500	\$452	\$320	\$215
2,501 - 5,000	628	387	287
5,001 - 10,000	882	607	308
10,001 - 20,000	1280	828	447

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 above table 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.

Miscellaneous Plans	\$320	Miscellaneous plans include: grandstand; bleacher; exhaust system & spray booth docks; antennas; observation towers; structural plans submitted as independent projects and other submittals not listed.
Revision to Previously Reviewed, But Not Denied, Plans	\$159	No fee if revision requested by plan examiner.