



STATE OF WISCONSIN
Department of Safety and Professional Services

Governor Scott Walker Secretary Dave Ross

**SPS Fiscal Plans
PO Box 8602
Madison WI
53708-8602**

Customers of Safety & Buildings,

For the safety and security of our customers and to improve efficiencies in our offices, we have made a change in our plan submittal process related to fee payments made by check. The process has not changed if you pay by invoice.

Effective April 1, 2012, the process for submitting plans and payments to Safety & Building for Plan Review services is as follows:

- 1. Plans will be submitted to one of the state offices providing this service as usual.**
- 2. Mail your check and the completed payment voucher (the last page of the application form) to:**
DSPS Fiscal Plans
PO Box 8602
Madison WI 53708-8602
- 3. Send a copy of the completed payment voucher (the last page of the application form) along with your plan submittal documents to the office that you select.**

For plans that may be in the mail at this time with check payment attached, we will process as usual. We ask that you incorporate the new process with your next submittal.

We appreciate your business and thank you for your assistance in implementation of the new process.

If you have any questions about this new process, please contact the plan entry staff in any of the Safety & Buildings offices.

Wisconsin Department of Safety and Professional Services
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 Only: Trans ID: _____
Assigned Reviewer: _____
Assigned Office: _____
Reviewer Start Date*: _____

For scheduling of building, HVAC, and fire plans, use the electronic online request for commercial building plan appointments: <http://dpsps.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** via Fax (see Box 13 for further information). Check website: at <http://dpsps.wi.gov/sb/SB-DivForms.html> for the most current version of this form. **S&B may re-distribute plans to another office if needed to reasonably balance turnaround times.** You may monitor the status of your plan: <http://dpsps.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: Email: 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 _____

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

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

Other Projects (Stand Alone from above)

Bleacher
 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 Fire Escape
 Steel Girder Precast Plank
 Laminated Wood Precast Wall

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

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 _____

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

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 all applicable
 Designer of ___ Bldg ___ HVAC, ___ Lighting ___ Fire Alarm ___ Fire Suppression
 Supervising Professional of ___ Bldg ___ HVAC
WI Designer Registration # _____ Exp Date _____

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 all applicable
 Designer of ___ Bldg ___ HVAC, ___ Lighting ___ Fire Alarm ___ Fire Suppression
 Supervising Professional of ___ Bldg ___ HVAC
WI Designer Registration # _____ Exp Date _____

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 SPS 302.31-1 or Table 302.31-2

Note: SPS 302 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

Table 302.31-1
 Plan Review Fees for
 Buildings Not Located in Municipalities That Perform Inspections as an agent of the Safety and Buildings Division

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	350	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 302.31-2
 Plan Review Fees for
 Buildings Located in Municipalities that Perform Inspections as an Agent of the Safety and Buildings Division

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. Reduced fees do not apply to state owned buildings. Check our website home page at <http://dsps.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. 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 302.31-1 or 302.31-2 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.



Payment Voucher

If you are requesting to be invoiced for your plan review, DO NOT use this voucher form.

Transaction ID: _____
(Leave blank if this review has not been pre-scheduled)

Check # _____ Dollar Amount: _____

Payer Name _____
(Individual or Company name as printed on first line of check)

Payer Address _____
(As printed on check)

Payer City _____ State _____ Zip Code _____

Phone _____

Plan Submitter Name _____
(If different from Payer)

1. Mail your check (payable to Safety & Buildings Division) and this completed form to:

**DSPS Fiscal Plans
PO Box 8602
Madison WI 53708-8602**

2. Send a copy of this completed payment voucher form along with your plan submittal documents to the office that you select below.

Plans submitted to: (circle or check one of the offices)

Madison Hayward LaCrosse/Holmen Green Bay Waukesha

Madison S&B
201 W Washington Ave
3rd Floor 53703
PO Box 7162
Madison WI
53707-7162

Hayward S&B
10541N Ranch Rd
Hayward WI
54843

**LaCrosse/Holmen
S&B**
3824 N Creekside La
Holmen WI 54636

Green Bay S&B
2331 San Luis Pl
Green Bay, WI
54304

Waukesha S&B
141 NW Barstow St
4th Floor
Waukesha WI
53188-3789