



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.



Lifts, Tows, and Permanent Amusement Rides Plan Review Application

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

Amusement Rides, Lifts,
and Tows Program
Safety and Buildings Division
Department of Safety and Professional
Services

This form may be used for fax appointments. Indicate date plans will be in our office: _____

Circle your choice of office: 1. Next available appointment 2. Madison 3. Waukesha

Email scheduling: DpsSbPlanSchedule@wi.gov Toll free fax number (877) 840-9172

1. Complete for confirmed appointments*:

Transaction ID: _____

Previous Related Trans. ID: _____

Assigned Reviewer: _____

Assigned Office: _____

Review Start Date*: _____

For next available appointment, plan status checks, see our website at <http://www.dps.wi.gov/SB/SB-DivReview.html>.

***Plans must be received in the office of the appointment no later than two working day before the confirmed appointment.**

Submittal Type:

- New
 Alteration

Ride Type:

- Permanent
 Portable

2. Project Information – Fill in all known information

Project/Site Name _____

Ride or lift name/designation _____

Number & Street _____

County _____ () City () Village () Town of _____

Review Requested:

Fee

Fee Calculation (Enter pertinent fees from fee column and total)

<input type="checkbox"/> Class 1 Permanent Amusement Ride	\$280	
<input type="checkbox"/> Class 2 Permanent Amusement Ride	\$280	
<input type="checkbox"/> Modified Amusement Ride	\$280	
<input type="checkbox"/> Gondola lift and rides	\$780	
<input type="checkbox"/> Chair lifts and rides	\$580	
<input type="checkbox"/> Surface tows, except fiber and wire rope tows	\$390	
<input type="checkbox"/> Fiber and rope tows and conveyors	\$260	
	TOTAL FEE	

3. Mailing Information

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

Call Customer 1, 2, 3 (circle number)* Mail plans to customer 1, 2, 3, (circle number)* Requesting party will pick up.

*Refers to customer listed below

4. Complete the following customer information in the boxes below.

Designer Information (Customer 1) (Person who stamped the plan)

First Name _____ Last Name _____ Commerce Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip + 4 (9 digits) _____

(Area Code) Phone Number _____ Fax Number _____

email address _____

Other, Please Specify (Customer 3)

First Name _____ Last Name _____ Commerce Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip + 4 (9 digits) _____

(Area Code) Phone Number _____ Fax Number _____

email address _____

Owner Information (Customer 2)

First Name _____ Last Name _____ Commerce Customer Number _____

Company Name _____

Address _____

City _____ State _____ Zip + 4 (9 digits) _____

(Area Code) Phone Number _____ Fax Number _____

Make checks payable to Safety and Buildings Division. Mail check and payment voucher to – DSFS Fiscal Plans, PO Box 8602, Madison WI 53708-8602

**Total amount due \$ _____
(From above)**

5. Appointment Scheduling Information

For your convenience we have installed a 24 hour, toll free number dedicated to receiving fax plan review appointment requests only. The number is 877-840-9172. Be sure to indicate whether you want the next available review statewide or prefer a choice of an office. You will receive a confirmation letter back with an appointment date, transaction ID number and the name of the assigned reviewer. You may email the request to DspsSbPlanSchedule@wi.gov. Plans must be received in the office of the appointment no later than two working days before the confirmed appointment. Unscheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability.. You may email technical code questions to DspsSbHealthandSafetyTech@wi.gov. More Safety and Buildings (forms, codes, staff, etc.) is on the Internet: <http://dsps.wi.gov/sb/SB-HomePage.html>

Waukesha S&B
141 NW Barstow St
4th Floor
Waukesha WI 53188-3789
262-548-8600
Fax: (for sending questions or additional info to reviewers) 262-548-8614

Madison S&B
201 W Washington Ave 53703
PO Box 7162
Madison WI 53707-7162
608-266-3151 TTY: Contact Through Relay
Fax: (for sending questions or additional info to reviewers) 608-267-9566

Plan submittal for amusement rides shall include all of the following:

- 1) Completed plan approval application form and appropriate review fees
- 2) At least three complete sets of plans or one complete set of plans and two index sheets submitted for review and approval
- 3) Plans shall contain all of the following:
 - Name of owner,
 - Address of amusement ride,
 - Name, seal and signature of Wisconsin professional engineer or the name of the person who prepared the plans on the title sheet,
 - Plot plan showing location of amusement ride with respect to property lines, adjoining streets, alleys, electrical transmission lines and other hazards, and any other buildings or structures on the site,
 - Floor plans or layout of each floor of the ride if applicable and floor plans of building if ride is located within a structure,
 - Elevation views containing information of exterior appearance of amusement ride,
 - Sections and details clarifying the ride design,
 - Structural data including structural calculations, soil bearing capacities, live loads and itemized dead loads, unit stresses for structural materials,
 - Structural plans including footing and foundation plans, anchor bolt layouts, connection details, framing plans, etc.,
 - Plans indicating access to, egress from, and passageways through amusement ride as applicable, and
 - Other applicable requirements within SPS 334.

Plan submittal for lift, tows shall include all of the following:

- 1) A completed plan approval application form with the appropriate review fees
- 2) Three sets of clear, legible and permanent copies of plans and one copy of specifications shall be submitted for review
- 3) Plans shall include the following as applicable to the system:
 - Name of owner and location of system,
 - Name and address of system designer,
 - Plot plan showing location of system with respect to property lines, adjoining streets, alleys, electrical transmission lines and other hazards, and any other buildings or structures on the site,
 - Site plan and profile map showing location of towers, power units, counterweights, and pits as applicable,
 - Clearances of towers, system path, and counterweights, and
 - Details of construction mountings, foundations, and supports, sheave assemblies and carriages:
 - Footing and foundation and anchorage block (if applicable) sizes, reinforcement sizes, locations, depths below grade, and strengths, etc.,
 - Drive station terminal, return station terminal, and tower framing including columns, cross arm, braces, beams/headers, base plates and connection details, strengths, materials used, sizes, dimension of components, etc.,
 - Location, design and connection details of tow handles to the "haul rope, if applicable,
 - Sheave and carriage anchorage and connections, and
 - Plans and structural calculations correspond to one another.
- 4) Structural data including structural calculations, soil bearing capacities, live loads & itemized deal loads, unit stresses for structural materials, wire rope strengths and capacities.

Please note: The department may request additional information be provided in order to determine the adequacy of the design of the amusement ride, tramway, lift or tow.

Please Note: See SPS Table 202.12-2 for inspection fees for passenger ropeways



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