



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: DspsSbPlanSchedule@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 Dept. of Safety and Professional Services, Attach check here.

**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