



## 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

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Customers of Industry Services (formerly 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 Industry Services 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 Industry Services offices.



**STATE OF WISCONSIN**  
 Department of Safety and  
 Professional Services

# Application for Review, Petition for Variance

-Complete all pages-

Industry Services Division

Use this page for fax appointments (fax 877-840-9172)

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

Indicate date plans will be in S&B office

**1. Facility Information**

Facility (Building) Name: \_\_\_\_\_

Number and Street \_\_\_\_\_ Zip: \_\_\_\_\_

SPS Site Number (if known): \_\_\_\_\_

Legal Description: \_\_\_\_\_

County of: \_\_\_\_\_

( ) City ( ) Village ( ) Town of: \_\_\_\_\_

**Complete for confirmed appointments\*:**

Transaction ID: \_\_\_\_\_

Previous Related Trans. ID: \_\_\_\_\_

Assigned Reviewer: \_\_\_\_\_

Assigned Office: \_\_\_\_\_

Review Start Date\*: \_\_\_\_\_

**\*Submittal must be received in the office of the appointment no later than two working days before the confirmed appointment.**

2. Owner Information		Customer #	3. Designer Information		Customer #
Name			Designer		
Company Name			Design Firm		
Number and Street			Number and Street		
City, State, Zip Code			City, State, Zip Code		
Contact Person			Contact Person		
Telephone Number		Fax Number	Telephone Number		Fax Number

**4. Plan Review Status**

Plan submitted with petition

Plan will be submitted after petition determination

Requesting revision  Other: \_\_\_\_\_

SPS Transaction Number \_\_\_\_\_

**Plan previously review by (please enclose a copy of review letter)**

State  Municipality  Approved  Held  Denied

**Code Being Petitioned**  Commercial Building  HVAC  Plumbing

Private Sewage System  Swimming Pool  Electrical  Flammable Liquids

Amusement Rides  Uniform Dwelling Code  Boilers  Elevators

Gas Systems  Refrigeration  Rental Weatherization  Other: \_\_\_\_\_

5. State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.
- \_\_\_\_\_
6. Reason why compliance with the code cannot be attained without the variance (Attach additional sheets, if necessary)
- \_\_\_\_\_
7. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.
- \_\_\_\_\_
8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).
- \_\_\_\_\_

**. Verification by Owner - Petition is Valid Only if Notarized with Affixed Seal and Accompanied by Review Fee**

Note: Petitioner must be the owner of the building or system or credential applicant for a SPS 305 petition. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition for Variance Application.

\_\_\_\_\_, being duly sworn, I state as petitioner that I have read the foregoing petition and I believe it is true and that I have significant ownership rights to the subject building or project.

Petitioner's Signature	Subscribed and sworn to before me this date	Notary Public	My commission expires on
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**Make Checks Payable to: State of WI -DSPS**  
**Complete other side for variance from SPS 320-325 and SPS 361-366**

**Total Amount Due \$ \_\_\_\_\_**  
**Attach check here.**

Owner's Name	Project Location	Plan Number
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### Fire Department Position Statement

To be completed for fire or life-safety related variances requested from SPS 361-66, SPS 310, SPS 316, and other fire-related requirements.

**I have read the application for variance and recommend:** (check appropriate box)

- Approval       Conditional Approval       Denial       No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

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Fire Department Name and Address

Name of Fire Chief or Designee (type or print)	Telephone Number
Signature of Fire Chief or Designee	Date Signed

### Municipal Buildings Inspection Recommendation

To be completed for variances requested from SPS 320-323. Also to be used for SPS 316 electrical petitions, if SPS 361-366 plan review is by municipality or orders are written on the building under construction; optional in other cases. Please submit a copy of the orders.

**I have read the application for variance and recommend:** (check appropriate box)

- Approval       Conditional Approval       Denial       No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

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Municipality Exercising Jurisdiction

Name and Address of Municipal Official (type or print)	Telephone Number of Enforcement Official
Signature of Municipal Enforcement Official	Date Signed

## Petition for Variance Information and Instructions SPS 303

In instances where exact compliance with a particular code requirement cannot be met or alternative designs are desired, the division has a petition for variance process in which it reviews and considers acceptance of alternatives which are not in strict conformance with the letter of the code, but which meet the intent of the code.

**A variance is not a waiver from a code requirement.** The petitioner must **provide an equivalency which meets the intent** of the code section petitioned to obtain a variance. Documentation of the rationale for the equivalency is required. Failure to provide adequate information may delay a decision on the petition. Pictures, sketches, and plans may be submitted to support equivalency. If the proposed equivalency does not adequately safeguard the health, safety, and welfare of building occupants, frequenters, firefighters, etc., the variance request will be denied. NOTE: A SEPARATE PETITION IS REQUIRED FOR EACH BUILDING AND EACH CODE ISSUE PETITIONED (i.e., window issue cannot be processed on the same petition as stair issue). It should be noted that **a petition for variance does not take the place of any required plan review submittal.**

The division is unable to process petitions for variance that are not properly completed. Before submitting the application, the following items should be checked for completeness in order to avoid delays:

- Petitioner's name (typed or printed)
- Petitioner's signature
- The application must be signed by the owner of the building or system unless a Power of Attorney is submitted.
- Notary Public signature with affixed seal
- Analysis to establish equivalency, including any pictures, illustrations or sketches of the existing and proposed conditions to clearly convey your proposal to the reviewer.
- Proper fee
- Any required position statements by fire chief or municipal official

A position statement from the chief of the local fire department is required for fire or life-safety issues. No fire department position statement is required for topics such as plumbing, private onsite sewage systems, or energy conservation. Submit a municipal building inspection department position for SPS 316 electrical petitions, or if SPS 361-366 commercial building plan review is by the municipality or orders are written on the building under construction. (Submit a copy of the orders.) For rules relating to one- and two-family dwellings, only a position statement is required only if the local municipality is the enforcing body. Position statements must be completed and signed by the appropriate fire chief or municipal enforcement official. Signatures or seals on all documents must be originals. Photocopies are not acceptable.

**Contact numbers and fees for the division's review of the petition for variance are as follows:**

Chapter	(circle appropriate category)	Revenue Code	Review Office	Contact Number	Fee	*Revision Fee
SPS 316, Electrical.....		7631.....	Waukesha.....	(262)548-8606	.....\$300.....	\$100
SPS 318, Elevators .....		8260 .....	Waukesha.....	(262) 521-5444	.....\$300.....	\$100
SPS 320-325 Uniform Dwelling Code .....		7655 .....	Madison .....	(608) 267-5113	.....\$175.....	\$50
SPS 334, Amusement Rides .....		8266 .....	Madison .....	(608) 267-4434	.....\$300.....	\$100
SPS 340, Gas Systems .....		8258 .....	Waukesha.....	(262) 548-8617	.....\$300.....	\$100
SPS 341 Boilers and Pressure Vessels .....		8258 .....	Waukesha.....	(262) 548-8617	.....\$300.....	\$100
SPS 343, Anhydrous Ammonia .....		8258 .....	Waukesha.....	(262) 548-8617	.....\$300.....	\$100
SPS 345, Mechanical Refrigeration .....		8258 .....	Waukesha.....	(262) 548-8617	.....\$300.....	\$100
SPS 360-366, Commercial Building Code .....		7648 .....	All Offices .....	See Numbers Below	.....\$550.....	\$100
(For fire system Petitions for Variance – Contact the Green Bay or Madison offices)						
SPS 367, Rental Unit Energy Efficiency Code .....		7646 .....	Madison .....	(608) 267-2240	.....\$175.....	\$50
SPS 381-387, General Plumbing.....		7657 .....	All Offices .....	See Numbers Below	.....\$300.....	\$75
SPS 390, Swimming Pools.....		7650 .....	Madison .....	(608) 267-5265	.....\$300.....	\$75
SPS 383 POWTS.....		7657 .....	All Offices .....	See Numbers Below	.....\$300.....	\$75
All Other Chapters .....					.....\$300.....	\$100

\*Revisions are accepted only for one year after action on original petition.

**Priority Review:** The department will schedule Petitions for Variance at the earliest available date, or the date requested at time of scheduling, whichever is later. Therefore, priority reviews are not generally available. In special circumstances, the section chief of the reviewing office may permit review prior to the scheduled date upon request by the submitter. If earlier review is permitted by the section chief, the petition review fees will be doubled.

Except for special cases, S&B will review and make a determination on a petition for variance within 30 business days of the scheduled beginning date, provided all calculations, documents, and fees required for the review have been received.

**Appointment and Scheduling Information**

It is strongly recommended that an appointment be made in advance by fax. S&B has a 24- hour, toll free number dedicated to receiving faxed plan review appointment requests. The dedicated fax number is 877-840-9172. Be sure to indicate whether you want the next available review statewide or prefer a choice of an office. The petition review will be scheduled with the same office where the plan was/will be reviewed. The submitter will receive a letter back with an appointment date, transaction ID number, and the name of the assigned reviewer. Email requests for scheduling may be sent to [DspsSbPlanSchedule@wi.gov](mailto:DspsSbPlanSchedule@wi.gov). The petition and accompanying documents 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 may be assigned to offices other than the receiving office depending on reviewer availability. Some petitions may be limited to specific offices depending on the petition issues, see above table for appropriate offices.

Madison	Hayward	La Crosse/Holmen	Green Bay	Waukesha
1400 E Washington Ave 53703 PO Box 7162 Madison WI 53707-7162	10541N Ranch Rd Hayward WI 54843	3824 Creekside La Holmen WI 54636	2331 San Luis Place Green Bay, WI 54304	141 NW Barstow St 4 <sup>th</sup> Floor Waukesha WI 53188-3789
608-266-3151	715-634-4870	608-785-9334	920-492-5601	262-548-8600
Fax: (for sending questions or additional info to reviewers) 608-267-9566	Fax: (for sending questions or additional info to reviewers) 715-634-5150	Fax: (for sending questions or additional info to reviewers) 608-785-9330	Fax: (for sending questions or additional info to reviewers) 920-492-5604	Fax: (for sending questions or additional info to reviewers) 262-548-8614
TTY: Contact Through Relay	Email: DspsSbPlanSchedule@wi.gov	Email: DspsSbPlanSchedule@wi.gov	Email: DspsSbPlanSchedule@wi.gov	Email: DspsSbPlanSchedule@wi.gov
Email:DspsSbPlanSchedule@wi.gov				



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## 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 Industry Services 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**  
1400 E Washington Ave  
53703  
PO Box 7162  
Madison WI  
53707-7162

**Hayward**  
10541N Ranch Rd  
Hayward WI  
54843

**LaCrosse/Holmen**  
3824 N Creekside La  
Holmen WI 54636

**Green Bay**  
2331 San Luis Pl  
Green Bay, WI  
54304

**Waukesha**  
141 NW Barstow St  
4th Floor  
Waukesha WI  
53188-3789