Section 1. Scheduling of building plans requires use of the electronic online application found at: https://apps1.dspswi.gov/SB_PlanReviewAutoScheduling/Bldg/TaskList?ptid=0&action=new. Paper plan submittals are no longer accepted by the Department.

For stand-alone HVAC and stand-alone Fire Suppression/Fire Alarm electronic reviews, complete an application form (SBD-118 Form) and e-mail it, along with your registered SharePoint username to DSPSSBPlanSchedule@Wisconsin.gov.

This form is to be included as a summary sheet for building plan submittals

<table>
<thead>
<tr>
<th>Date of Application:</th>
<th>Plan Transaction ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check all that are applicable: Plan Type: ☐ New  ☐ Permission to Start  ☐ Extension to an approved plan.</td>
<td></td>
</tr>
<tr>
<td>Addition/Alteration ☐ Revision to Previously Approved plan where approved construction has not been completed. Previous Transaction ID #:</td>
<td></td>
</tr>
<tr>
<td>Complete set of plans and full payment are required with submitted applications.</td>
<td></td>
</tr>
</tbody>
</table>

Requesting plan review for: (Please check the requested building reviews below)

☐ Building Review  ☐ Bleacher Review  ☐ Component Review (List Components Submitted ______________________)
☐ HVAC Review  ☐ Kitchen Hood Review

Section 2. PLAN SUBMITTAL REQUIREMENTS.

PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORD WITH CODE SECTION SPS 361.31.

A complete set of building plans and supporting documents. Incomplete submittals will be rejected. Please check the boxes below to ensure your plan submittal is complete. (If line item does not pertain to your submittal indicate by writing NA next to the item)

Plan shall be legible and to scale. Plans are required to be submitted in accordance with the submitter instructions requirements.

1. ☐ Title Sheet including plan Index
2. ☐ Plot/site plan
3. ☐ Occupancies are clearly called out.
4. ☐ Compliance with any Chapter 4 special requirements based on use
5. ☐ Building complies with Chapter 5 Heights and Areas. Plans shall detail how compliances is shown. (EX: separated vs unseparated use, unlimited area, frontage increase calculation included if applicable).
6. ☐ Construction type(s) identified and building meets construction type requirements of Chapter 6.
7. ☐ All required fire rated construction is detailed on the plans with rated assemblies called out.
8. ☐ Building is either protected with sprinklers or does not exceed a fire area limitation established in IBC 903 which would require one.
9. ☐ Building meets all the egress requirements of Chapter 10. Max egress/common path distances and path of travel shown, occupant load shall be shown on plans.
10. ☐ The Building complies with the accessibility requirements of Chapter 11 and ICC A117.1-2009.
11. ☐ Structural calculations and structural drawings show compliance with Chapter 16 and ASCE 7. Loads and loading conditions included on plans and structural calculations.
12. ☐ The required bathroom fixtures are provided per Chapter 29. Include calculations used to determine quantities.
13. ☐ Energy compliance is shown with (Check compliance path)
   ☐ 13a. COMcheck or REScheck calculation
   ☐ 13b. Building plans detail compliance with the prescriptive requirements.
   ☐ 13c. Building is unheated, submittal is an interior alteration with no envelope changes, submittal is an HVAC only submittal
14. ☐ Heat loss calculations submitted (HVAC submittals)
15. ☐ Complete equipment schedules submitted (HVAC and Kitchen Hood submittals)
16. ☐ Date of building plans that HVAC plans were designed to
17. ☐ Required signatures are submitted (supervising professional if building is over 50,000 cubic feet and owner’s signature if a permission to start has been requested)
18. ☐ Plans and calculations have been signed and sealed by a WI registered Engineer, Architect or Designer if building is over 50,000 cubic feet in size.
19. ☐ Summary sheet (this form).

☐ Submitter acknowledges that the submittal is complete.

☐ Submitter acknowledges that any additional information requested to complete review will be received by the Department within five (5) business days or the plan is subject to denial and a $60.00 fee.

Submitter’s signature: ______________________ Date: ______________________