

PLAN APPROVAL APPLICATION INSTRUCTIONS

- **Completion and submission of this form is required for the plan review process mandated by Chapter 50.02(2)(b)1 and 50.36(2)(a), Wis. Stats.**
- **Fully complete all applicable sections of this application form. Failure to provide all required information will delay your plan review. *INCOMPLETE FORMS WILL BE RETURNED.***
- Personal information will be used for identification and communication and will not be used for any other purpose.
- This application can be reproduced, as needed.

NOTE: (COM 61.50) If this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed, and dated by a Wisconsin registered engineer or architect. Signature and seals shall be original.

DQA CONTACT INFORMATION

If you have questions about the completion of this form, contact DQA for assistance via:

- **Telephone:** 608-264-7748
- **E-mail:** DHSDQAPlanReview@wi.gov
- **Website:** http://dhs.wisconsin.gov/rl_dsl/PlanReview/index.htm

USE OF THIS APPLICATION

The Plan Approval Application form must be included with the following types of project plan submittals:

- All preliminary, final, and revised plans for
 - Building
 - HVAC
 - Lighting
 - Fire protection
 - Miscellaneous plans, such as but not limited to,
 - Demolition
 - Erosion control disturbing one (1) or more acres
 - Equipment system replacement
 - Exhaust systems and spray booths
 - Final footing and foundation
 - Structural components submitted as independent projects
 - Wireless antennas installed on buildings
- All plans submitted for "Courtesy Review," including but not limited to ASCs, ESRDs, and Medical Office Buildings which are attached to a hospital/nursing home building

NOTE: Free-standing CBRFs must use F-62496, Free Standing CBRF Plan Approval Application, instead of this application.

SIGNATURES

- Provide all appropriate signatures. Failure to provide the required signatures will delay your plan review. Incomplete forms may be returned.
- All signatures must be **ORIGINAL**. Stamped and electronic signatures are not acceptable.
- **Item 10 on page 8 must be signed by the owner or the owner / entity authorized representative.**

MATERIALS TO BE SUBMITTED

1. **ORIGINAL** completed Plan Approval Application form (F-62333)
2. Fee (if applicable) (**NOTE: Fees must reflect the scope of this project submittal.**)
3. **ONE (1) bound set only** of plans with the **index sheet** bearing the required signature and seal
4. Three (3) additional copies of the index sheet (bearing the required seals and signatures)
5. **ONE (1) bound set only** of specifications
6. **ONE (1) bound set only** of calculations

ADDITIONAL OPTIONS

Permission to Start

- The Permission to Start allows only for the start of demolition that is necessary for remodeling or footing and foundation work.
- It is **optional** and not a requirement. It requires an additional \$80.00 fee.
- The submittal must include (1) plans, (2) the Permission to Start form F-62457, (3) the Plan Approval Application form F-62333, and (4) appropriate fees (\$80.00).

Footing and Foundation Plans

- The submittal must include (1) footing and foundation plans, (2) preliminary architectural plans, (3) structural calculations, (4) Plan Approval Application form F-62333, and (5) appropriate fees.

Miscellaneous Plans (\$250.00 fee) include but not limited to:

- Demolition
- Erosion control disturbing one (1) or more acres
- Equipment system replacement
- Exhaust systems and spray booths
- Final footing and foundation (**submitted separately**)
- Structural components submitted as independent projects
- Wireless antennas installed on buildings

FEES

- A separate fee (and Plan Approval Application form) must be submitted for each building/project. (See fee tables on page 5.)
- There is no fee for preliminary plan reviews.
- When submitting your fees, make check payable to: **Division of Quality Assurance** or **DQA**.
- **Fees may not be submitted for future plan reviews. PAY ONLY FOR THE PLAN CURRENTLY BEING SUBMITTED. Fees paid for future plans will be refused and will delay the processing of your application.**

SUBMISSION OF MATERIALS AND FEES

- **ALL MATERIALS MUST BE SUBMITTED TO ONE OF THE TWO ADDRESSES LISTED BELOW.** Sending materials to other DQA regional offices will delay the plan review process.
- Although project plans may be submitted to either address listed below, it is more expedient for projects in the southeastern part of the State (Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha counties) to be submitted to the Milwaukee Office.

MADISON Mailing Address	MILWAUKEE Mailing Address
Division of Quality Assurance Plan Review Intake P.O. Box 2969 / 1 West Wilson Street Madison, WI 53701-2969	Division of Quality Assurance / SERO Plan Review Intake 819 North 6 th Street, Room 609B Milwaukee, WI 53203-1606

PLAN APPROVAL APPLICATION

Read the instructions and fully complete the entire application form prior to submitting the application, fees, and plan.

If you have questions about the completion of this form or need assistance,

- **Telephone:** 608-264-7748
- **E-mail:** DHFSDAQPlanReview@wi.gov
- **DQA Website:** http://dhs.wisconsin.gov/rl_dsl/PlanReview/index.htm

Reviewer	Check Provider	Transaction No.	Check No.	Project No.	DQA Office Use Only
		Amount		Plan No.	

1. PROJECT INFORMATION

Name - Facility	Building Occupancy Chapter(s) and Use
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Physical Address - Facility (Street Address)

City	State	Zip Code	County
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Type of Project (**MANDATORY**. Check one. Multiple projects require separate applications.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> ESRD Satellite | <input type="checkbox"/> Medical Office Bldg. Satellite |
| <input type="checkbox"/> Long Term Care Facility | <input type="checkbox"/> ASC Attached | <input type="checkbox"/> Other Attached (Specify) _____ |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> ASC Satellite | <input type="checkbox"/> Other Satellite (Specify) _____ |
| <input type="checkbox"/> ESRD Attached | <input type="checkbox"/> Medical Office Bldg. Attached | |

Project Description (Briefly describe scope of project.)	Previous DHS Reference Number for the Project (if applicable)										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										

2. PLAN REVIEW CONTACT PERSON

The contact person indicated below will receive your DHS-assigned reference number and instructions about online verification via e-mail. The reference number will enable the applicant to verify the status of the plan application. A legible e-mail address is necessary.

Name - Contact Person	Telephone Number	FAX Number	E-mail Address (Print clearly or type.)
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3. SUBMITTAL REQUEST

A. TYPE OF PROJECT	B. TYPE OF PLAN BEING SUBMITTED	C. TYPE OF REVIEW(S) REQUESTED
Check all that apply. <input type="checkbox"/> New Building <input type="checkbox"/> Alteration Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> New Addition <input type="checkbox"/> Use Change <input type="checkbox"/> Other (Specify) _____	Check one. <input type="checkbox"/> Preliminary Plans (No Fee) <input type="checkbox"/> Final Plans <input type="checkbox"/> Revisions to Previously Approved Plans (Designer/Owner Request \$100 Fee) <input type="checkbox"/> Response to DHS Conditional Approval or Withheld Letter (No Fee) <input type="checkbox"/> Courtesy Plans (satellite, business/healthcare) (No Fee)	Check all work that is included in this application. 1. <input type="checkbox"/> Building 2. <input type="checkbox"/> HVAC 3. <input type="checkbox"/> Lighting 4. Fire Protection <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Sprinkler 5. Component Work Separate from Building <input type="checkbox"/> Structural Component <input type="checkbox"/> Equipment System Replacement <input type="checkbox"/> Footing and Foundation <input type="checkbox"/> Other (Specify) _____
		D. PERMIT TO START Do you want Permission to Start ? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," see instructions on page 1.)

4. BUILDING INFORMATION

- Complete** Sprinkler - NFPA _____ Unlimited Area Smoke Detection
 Partial Sprinkler - NFPA _____ Fire Alarm Emergency Power

Total Cubic Foot Volume of the Building Upon Completion of the Project Less Than 50,000 More Than 50,000

- Energy Tradeoffs Used (*Building, lighting, and HVAC must be submitted together.*)
 Energy Tradeoffs **Not** Used (*Building and lighting and must be submitted. HVAC may be submitted separately.*)

Total Number of Stories ____	Soil Bearing Capacity _____ psf	Erosion Control Information
Entire Bldg. Footprint Area _____sq. ft.	<input type="checkbox"/> Presumed <input type="checkbox"/> Verified	<input type="checkbox"/> Less Than One (1) Acre Disturbed <input type="checkbox"/> One (1) or More Acres Disturbed

5. CONSTRUCTION CLASS REQUESTED

1. Type IA (332) 3. Type IIA (111) 5. Type IIIA (2) 7. Type IV (2HH) 9. Type VB (000)
 2. Type IB (222) 4. Type IIB (000) 6. Type IIIB (200) 8. Type VA (111)

If plans do not show compliance with requested construction class but are approvable at a lower class, do you wish approval at the lower class?
 Yes No

6. NFPA LIFE SAFETY CODE 101 CONSTRUCTION TYPES (*existing with waiver only)

- I. (443) I. (332) II. (222) II. (111) II. (000) III. (211) III.(200)* IV. (2HH) V. (111) V. (000)*

7. FEE CALCULATION

Use the information and tables below to calculate your fees.

FEE TABLES

- **Area.** The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels, such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories, and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas.
- **Tables A and B.** Use both Table A and Table B to calculate the plan review submittal fee to be applied to all new construction or remodeling projects using COMM Group 1-2 and applicable HFS Codes in hospital and/or nursing home facilities. **Use the .99 discount.**
- **Table A.** Use only Table A to calculate the plan review submittal fee based on area that is to be applied to all new construction or remodeling projects using COMM Codes other than COMM Group 1-2 that are physically attached to hospital and/or nursing home facilities. The discount CANNOT be applied to the Table A only fee for the review of a non-Group 1-2 building. **Do NOT use the .99 discount.**
- **Table B.** Use only Table B to calculate the plan review submittal fee based on estimated construction and/or equipment cost that is to be applied to new projects using only applicable HFS Codes. This includes, but is not limited to, equipment upgrade, equipment retro-fit, or change of use areas. (This may include generators, air handlers, chillers, nurse call systems, sprinkler systems*, fire alarm systems, heat and smoke detection systems, etc.) **Do NOT use the .99 discount.**

* If you request a sprinkler system plan review, you must include (1) sprinkler system final plans, (2) material data, and (3) calculation.

TABLE A				
AREA (Square Feet)	FEES			
	Building and HVAC	Building ONLY	HVAC ONLY	Lighting ONLY
Less than 2,500	320	270	190	190
2,501 – 5,000	430	320	240	240
5,001 – 10,000	580	480	270	270
10,001 – 20,000	900	630	370	370
20,001 – 30,000	1,280	900	480	480
30,001 – 40,000	1,690	1,220	690	690
40,001 – 50,000	2,280	1,590	900	900
50,001 – 75,000	3,080	2,120	1,220	1,220
75,001 – 100,000	3,880	2,600	1,690	1,690
100,001 – 200,000	5,940	4,240	2,120	2,120
200,001 – 300,000	12,200	7,430	4,770	4,770
300,001 – 400,000	17,190	11,140	6,900	6,900
400,001 – 500,000	21,220	13,790	9,020	9,020
Over 500,000	22,810	14,850	10,080	10,080

TABLE B	
ESTIMATED COST OF WORK SUBMITTED	FEE
Less than \$4,999	\$100
\$5,000 - \$24,999	\$300
\$25,000 - \$99,999	\$500
\$100,000 - \$499,999	\$750
\$500,000 - \$999,999	\$1,500
\$1,000,000 - \$4,999,999	\$2,500
\$5,000,000 and over	\$5,000

NOTE: TABLE A. If "Building and HVAC" is selected, a lighting review may be requested at no cost.

Type of Project – **Table A** (Check one.)

- Building and HVAC Building ONLY HVAC ONLY Lighting ONLY

Type of Project – **Table B** (Check one.)

- Fire Alarm Sprinkler Equipment System Replacement Other (Specify.)

IF USING ONLY TABLE A OR ONLY TABLE B CALCULATE YOUR FEES HERE.		
Table A	Sq. Ft.	\$
OR		
Table B	Est. Cost	\$
ADD TO		
Permission to Start (\$80.00) **		\$
Miscellaneous Plans (\$250.00) ***		\$
Revisions to Previously Approved Plans (\$100.00) ****		\$
TOTAL FEES SUBMITTED		\$

IF USING BOTH TABLE A AND TABLE B CALCULATE YOUR FEES HERE.		
Table A	Sq. Ft.	\$
Table B	Est. Cost	\$
SUBTOTAL		\$
Subtotal X .99 *		\$
ADD DISCOUNTED SUBTOTAL TO		
Permission to Start (\$80.00) **		\$
Miscellaneous Plans (\$250.00) ***		\$
Revisions to Previously Approved Plans (\$100.00) ****		\$
TOTAL FEES SUBMITTED		\$

* This discount can ONLY be applied when using BOTH Tables A and B.

** If Permission to Start is selected, a Request for Permission to Start form (F-62457) **must** be completed and accompany this application. See instructions.

*** Including Footing and Foundation

**** Designer or Owner/Entity Requested

8. DESIGNER ATTESTATION AND INFORMATION

Provide **ORIGINAL** signature, signature date, and all contact information for designers of all work indicated in item 3.C. on page 3.

DESIGN (COMM 61.40). If this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (COMM 61.31). Signature and seals shall be original. I attest that the submitted plans were prepared under my supervision, are accurate, and to the best of my knowledge comply with the applicable codes of the Department of Commerce.

1. SIGNATURE - Building Designer ➤			Date Signed	Name – Building Designer <i>(Print or type.)</i>		
Name - Design Firm			Registration Number - Designer		Design Firm Project Number	
Name – Contact Person	Fax Number	Telephone Number	E-mail Address (MANDATORY) <i>(Print clearly or type.)</i>			
Mailing Address - Street or P.O. Box			City	State	Zip Code	
2. SIGNATURE – HVAC Designer ➤			Date Signed	Name – HVAC Designer <i>(Print or type.)</i>		
Name - Design Firm			Registration Number - Designer		Design Firm Project Number	
Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) <i>(Print clearly or type.)</i>			
Mailing Address - Street or P.O. Box			City	State	Zip Code	
3. SIGNATURE – Lighting Designer ➤			Date Signed	Name – Lighting Designer <i>(Print or type.)</i>		
Name - Design Firm			Registration Number - Designer		Design Firm Project Number	
Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) <i>(Print clearly or type.)</i>			
Mailing Address - Street or P.O. Box			City	State	Zip Code	
4. SIGNATURE – Fire Protection Designer ➤			Date Signed	Name – Fire Protection Designer <i>(Print or type.)</i>		
Name - Design Firm			Registration Number - Designer		Design Firm Project Number	
Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) <i>(Print clearly or type.)</i>			
Mailing Address - Street or P.O. Box			City	State	Zip Code	
5. SIGNATURE – Component Designer ➤			Date Signed	Name – Component Designer <i>(Print or type.)</i>		
Name - Design Firm			Registration Number - Designer		Design Firm Project Number	
Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) <i>(Print clearly or type.)</i>			
Mailing Address - Street or P.O. Box			City	State	Zip Code	

9. SUPERVISING PROFESSIONAL ATTESTATION AND INFORMATION

Provide **ORIGINAL** signature, signature date, and all contact information for supervising professionals of all work indicated in item 3.C. on page 3. If the designer and supervising professional are the same person, check the box provided and omit the contact information in this section.

COMM 61.20, 61.31(1) and 61.50. I have been retained by the owner as the supervising professional per COMM 61.31(1), of the performance of supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the Department of Health Services certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications.

1. SIGNATURE - Building Supervising Professional ➤	Date Signed	Name – Building Supv Pro. (<i>Print or type.</i>)	Registration Number
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Same as Building Designer; see contact information on page 6.

Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) (<i>Print clearly or type.</i>)	
Mailing Address - Street or P.O. Box		City	State	Zip Code

2. SIGNATURE - HVAC Supervising Professional ➤	Date Signed	Name – HVAC Supv. Pro. (<i>Print or type.</i>)	Registration Number
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Same as HVAC Designer; see contact information on page 6.

Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) (<i>Print clearly or type.</i>)	
Mailing Address - Street or P.O. Box		City	State	Zip Code

3. SIGNATURE - Lighting Supv. Professional ➤	Date Signed	Name – Lighting Supv. Pro. (<i>Print or type.</i>)	Registration Number
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Same as Lighting Designer; see contact information on page 6.

Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) (<i>Print clearly or type.</i>)	
Mailing Address - Street or P.O. Box		City	State	Zip Code

4. SIGNATURE - Fire Protection Supv. Professional ➤	Date Signed	Name – Fire Protection Supv. Pro. (<i>Print or type.</i>)	Registration No.
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Same as Fire Protection Designer; see contact information on page 6.

Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) (<i>Print clearly or type.</i>)	
Mailing Address - Street or P.O. Box		City	State	Zip Code

5. SIGNATURE – Component Supv. Professional ➤	Date Signed	Name – Component Supv. Pro. (<i>Print or type.</i>)	Registration Number
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Same as Component Designer; see contact information on page 6.

Name – Contact Person	Telephone Number	Fax Number	E-mail Address (MANDATORY) (<i>Print clearly or type.</i>)	
Mailing Address - Street or P.O. Box		City	State	Zip Code

10. OWNER / ENTITY ATTESTATION AND INFORMATION

Provide the signature, signature date, and all contact information for the owner (individual or entity) or the owner's representative. The ORIGINAL signature of the owner or the owner's authorized representative is required for the final processing of this application.

I request that plans be reviewed for compliance with the code requirements set forth in Chapters COMM 61 - 65 of the rules of the Department of Commerce and in those of related Wisconsin Administrative Codes. I recognize that I am responsible for compliance with all code requirements and any conditions of plan approval. If this building exceeds 50,000 cubic feet in total volume, I will retain a supervising professional as required by COMM 61.31, throughout construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.

SIGNATURE – Owner or Authorized Representative ➤		Name and Title – Signatory (<i>Print or type.</i>)		Date Signed
Name – Owner / Entity (if different from above)			Name and Title – Contact Person	
Mailing Address – Owner / Entity (Street or P.O. Box)			City	State
Zip Code	Telephone Number	Fax Number	E-mail Address	