

FREE-STANDING COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) PLAN APPROVAL APPLICATION

Reviewer	Check Provider	Transaction No. Amount	Check No.	Project No. Plan No.	DQA Office Use Only
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- A "free-standing CBRF" is not physically attached to a hospital or a nursing home. If a CBRF is attached to a hospital or nursing home, do not use this form; complete the Plan Approval Application form (F-62333).
- This form may be reproduced as needed.
- 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 50.07(2)].
- A separate plan approval application form and fee must be submitted for each new building, addition to an existing facility and remodeling projects, or for equipment upgrades.

SUBMISSION OF MATERIALS AND FEES

Failure to adhere to the following submission requirements will delay the plan approval process. Incomplete forms will be returned.

Signatures

- Provide all appropriate signatures.
- All signatures must be **ORIGINAL**. Stamped and electronic signatures are not acceptable.
- **Item 10 on page 4 must be signed by the owner or the owner's representative.**

Materials to be Submitted

1. Form F-62496 *(All sections of the form must be completed.)*
2. A minimum of one (1) **bound set** of plans *[Plans shall be **drawn to scale** per DHS 83.63(2)(c), Wis. Admin. Code.]*
3. Three (3) copies of the cover sheet
4. Fee
 - **Pay only for the plan submitted.** Fees may not be paid for future plan reviews. Fees paid for future plans will be refused and the processing of your application will be delayed.
 - Make check payable to: **Division of Quality Assurance or DQA.**

Submission Locations

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

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 Plan Review Intake 819 North 6 th Street, Room 609B Milwaukee, WI 53203-1606

DQA CONTACT INFORMATION

If you have questions about the completion or use of this form, contact DQA for assistance.

Phone: 608-264-7748
FAX: 608-267-0352
E-mail: DHSDQAPlanReview@wi.gov
Website: http://dhs.wisconsin.gov/rl_dsl/PlanReview/index.htm

1. PROJECT INFORMATION

Name – Facility (Legal Name)

Building Occupancy Chapter(s) and Use	Number of Beds	County	
Physical (Street) Address - Facility	City	State	Zip Code

Project Description (*Provide a brief description.*)

2. PLAN REVIEW CONTACT PERSON

The contact person indicated below will receive the 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
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3. LICENSE INFORMATION

Existing License
 AA CA A AS CS B ANA CNA C

New License
 AA CA AS CS ANA CNA

This building project will change the license from		to		
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4. SUBMITTAL REQUEST

A. Type of Project
 New Building Alteration – Level: 1 2 3 New Addition Use Change
 Other (*Specify.*)

B. Type of Plan Being Submitted
 Preliminary Plans (*No Fee*)
 Final Plans
 Revisions to Previously Approved Plans (*Designer/Owner Request \$100 Fee*)
 Response to DHS Conditional Approval or Withheld Letter (*No Fee*)

C. Type of Review(s) Requested

<p>1. <input type="checkbox"/> Building</p> <p>2. <input type="checkbox"/> HVAC</p> <p>3. <input type="checkbox"/> Lighting</p> <p>4. Fire Protection <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Sprinkler</p>	<p>5. Component Work Separate from Building <input type="checkbox"/> Structural Component <input type="checkbox"/> Equipment System</p> <p>6. <input type="checkbox"/> Other (<i>Specify.</i>)</p>
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5. BUILDING INFORMATION

<input type="checkbox"/> COMPLETE Sprinkler – NFPA	<input type="checkbox"/> Heat and Smoke Detectors
<input type="checkbox"/> PARTIAL Sprinkler – NFPA	<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Emergency Power

Total No. of Stories	Entire Building Footprint Area <div style="text-align:right;">Sq. Ft.</div>	Total Cubic Foot Volume of the Building Upon Completion of the Project <input type="checkbox"/> less than 50,000 <input type="checkbox"/> more than 50,000	Soil Bearing Capacity <div style="text-align:right;">pfs <input type="checkbox"/> Presumed <input type="checkbox"/> Verified</div>
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6. CONSTRUCTION CLASS REQUESTED (existing with waiver only)

<p><input type="checkbox"/> 1. Fire Resistive Type A</p> <p><input type="checkbox"/> 2. Fire Resistive Type B</p> <p><input type="checkbox"/> 3. Metal Frame Protected</p>	<p><input type="checkbox"/> 4. Heavy Timber</p> <p><input type="checkbox"/> 5A. Exterior Masonry – Protected</p> <p><input type="checkbox"/> 5B. Exterior Masonry – Unprotected</p>	<p><input type="checkbox"/> 6. Metal Frame</p> <p><input type="checkbox"/> 7. Wood Frame – Protected</p> <p><input type="checkbox"/> 8. Wood Frame – Unprotected</p>
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If plans do not show compliance with requested construction class, but can be approved at a lower class, do you wish approval at the lower class?

Yes No

7. CALCULATION OF FEES

PROJECT FEE ESTIMATION	
<i>Costs must be itemized as indicated. Do not combine costs.</i>	
Building	\$
HVAC	\$
Lighting	\$
Fire Protection – Fire Alarm	\$
Fire Protection - Sprinkler	\$
Component Work Separate from Building	\$
Other (Specify.)	\$
Other (Specify.)	\$
Total Estimated Project Cost	\$

FEE TABLE	
Total Estimated Project Cost	Fee
Less than \$2,000	\$ 100
\$2,000 - \$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
TOTAL FEES SUBMITTED	\$

8. DESIGNER ATTESTATION AND INFORMATION

Provide **ORIGINAL** signature, signature date, and all contact information for designers of all work indicated in item 4.C.

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 (per 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.

DESIGNER 1	Check the type of Designer. <input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting <input type="checkbox"/> Fire Protection <input type="checkbox"/> Component Work <input type="checkbox"/> Other			
	SIGNATURE – Designer		Date Signed	Name – Designer (Print or type.)
	Name – Design Firm		Name – Contact Person	Design Firm Project Number
	Telephone Number	FAX Number	E-mail Address (MANDATORY. Print clearly or type.)	
	Mailing Address – Street or P.O. Box		City	State

DESIGNER 2	Check the type of Designer. <input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting <input type="checkbox"/> Fire Protection <input type="checkbox"/> Component Work <input type="checkbox"/> Other			
	SIGNATURE – Designer		Date Signed	Name – Designer (Print or type.)
	Name – Design Firm		Name – Contact Person	Design Firm Project Number
	Telephone Number	FAX Number	E-mail Address (MANDATORY. Print clearly or type.)	
	Mailing Address – Street or P.O. Box		City	State

9. OWNER ATTESTATION AND INFORMATION

The **ORIGINAL** signature of the owner (individual or entity) or the owner's authorized representative is required.

(COMM 50.11) I request that plans be reviewed for compliance with DHS 83, Wis. Admin. Code, and the code requirements set forth in Chapters COMM 61 - 65 of the rules of the Department of Commerce. 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		Date Signed	Name and Title – Signatory (Print or type.)		
Name – Owner / Entity (if different than 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			