

PLAN APPROVAL APPLICATION AND INSTRUCTIONS

I. INSTRUCTIONS

Completion and submission of this form is required for the plan review process mandated by ss. 50.02(2)(b)1. and 50.36(2)(a), Wis. Stats. Failure to provide all of the information may delay the plan review. Personal information will be used for identification and communication and will not be used for any other purpose. If you have questions about the completion of this form, call 608-264-9831 for assistance. This form 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.

Complete all applicable and required sections of this form. Submit the form, fee (if applicable), and at least one (1) **bound set** of plans, **and** three (3) copies of the cover sheet bearing the required seals and signatures, to the address below.

ALL SIGNATURES MUST BE ORIGINAL. Incomplete forms may be returned for the required information and may delay plan review.

- If multiple designer information is required (Section 5) additional copies of Section 5 may be used and attached to the Plan Approval Application.
- All plans must be submitted to the address at the bottom of this page.
- Item 11 on page 6 **must** be signed by an owner or owner's representative.
- **An asterisk * before a number indicates required information that must be provided.**

DO NOT SUBMIT PLANS TO REGIONAL OFFICES.

A separate fee and form must be submitted for each building/project. There is NO FEE for preliminary plan reviews.

An application form must be included with the following submittals:

- All Final and Revised plans
- Final Footing and Foundation plans
- Mailed or hand delivered Preliminary plans
- All Plans submitted for "Courtesy Review," including or not limited to ASCs, ESRDs, and Medical Office Buildings not attached to a building

PERMISSION TO START (OQA-2457) allows the start of demolition necessary for construction or footing and foundations work.

- It is **optional** and not a requirement for the final plan review.
- The submittal must include final plans, the Permission to Start form OQA-2457, the Plan Approval Application form OQA-2333, and appropriate fees.

FOOTING AND FOUNDATION PLANS (Miscellaneous Fee)

- The submittal must include final footing and foundation plans, preliminary architectural plans, Plan Approval Application form OQA-2333, and appropriate fee (\$250).

FREE-STANDING CBRFs

- Use OQA-2496 Free Standing CBRF Plan Approval Application.

MISCELLANEOUS PLANS include:

- footing and foundation (submitted separately)
- demolition plans
- erosion control plans disturbing one (1) or more acres
- antennas installed on buildings
- structural plans submitted as independent projects
- exhaust systems and spray booths
- other submittal not listed

Make check payable to the **Division of Quality Assurance** or **DQA**.

MAILING ADDRESS
Division of Quality Assurance Plan Review Intake P O Box 2969 / 1 W Wilson St Madison WI 53701-2969

SEE NEXT PAGE FOR FEE TABLES.

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.

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 I-2 and applicable HFS Codes in hospital and/or nursing home facilities. Use the .95 discount.

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 I-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 I-2 building. Do not use the .95 discount.**

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 detector systems, etc.) Do not use the .95 discount.

TABLE A				
AREA (SQUARE FEET)	FEES			
	Building & 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

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

TABLE B	
Estimated Project Cost	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

FEES MAY NOT BE PAID FOR FUTURE PLAN REVIEWS. PAY ONLY FOR THE PLAN SUBMITTED.

5. HVAC – SPRINKLER – LIGHTING – FIRE ALARM – OTHER DESIGNER INFORMATION

Designer		Registration Number
Design Firm		Design Firm Project Number
Street Address, City, State, Zip Code		Email Address
Contact Person	Telephone Number	FAX Number

6. 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

7. CONSTRUCTION CLASS REQUESTED

1. Type IA
 2. Type IB
 3. Type IIA
 4. Type IIB
 5. Type IIIA
 6. Type IIIB
 7. Type IV
 8. Type VA
 9. Type VB

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

8. 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)*

9. SUPERVISING PROFESSIONAL INFORMATION

- For Building
 Same as Building Designer
 For HVAC
 Same as HVAC Designer
 For Lighting
 Same as Lighting Designer

SIGNATURE – Supervising Professional (if different from designer)	Registration Number
Street Address, City, State, Zip Code	Telephone Number

***10. FEE CALCULATION**

TABLE A CALCULATION

(Attach a separate sheet if necessary for the calculations below.)

Floor Level (Specify.)	Length	Times	Width	Equals	Area
		X		=	
		X		=	
		X		=	
		X		=	

- (Check one.)
- Building and HVAC
 - Building ONLY
 - HVAC ONLY
 - Lighting ONLY

TOTAL AREA

=

(Refer to Table A. See instructions.)

TABLE A FEE AMOUNT
\$

TABLE B CALCULATION

Estimated Project Cost \$	Project Cost Includes Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No
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(Refer to Table B. See instructions.)

TABLE B FEE AMOUNT
\$

Table A Fee Amount	Plus	Table B Amount	Equals	Subtotal of A + B	Times .95	A / B Fee Subtotal
	+		=		X .95 **	

** This discount cannot be applied to the Table A only fee for the review of a non-Group I-2 building, i.e., .95 discount applies only when using both Tables A and B.

PERMISSION TO START (Optional) ***	\$80	Enter Fee Amount. ➡
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*** If Permission to Start is selected, a Request for Permission to Start form (OQA-2457) MUST be completed and accompany this application. See instructions.

MISCELLANEOUS FEES

1. Miscellaneous Plans Including Footing and Foundation	\$250	Enter Fee Amount. ➡
2. Revisions to Previously Examined Plans (except those mandated by previous letter)	\$100	Enter Fee Amount. ➡

TOTAL FEE SUBMITTED \$

***11. OWNER'S STATEMENT**

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. 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

Name and Title (Print.)

12. DESIGNER'S STATEMENT

DESIGN (COMM 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 (COMM 61.31). Signature and seals shall be original. I certify 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.

13. SUPERVISING PROFESSIONAL'S STATEMENT

(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 and Family 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.

14. ORIGINAL SIGNATURES (Sign in the applicable space.)*SIGNATURE** – Building and HVAC Designer and Supervising Professional

Date Signed

SIGNATURE – Building Designer and Supervising Professional

Date Signed

SIGNATURE - HVAC Designer and Supervising Professional

Date Signed

SIGNATURE - Lighting Designer and Supervising Professional

Date Signed

SIGNATURE - Sprinkler Designer and Supervising Professional

Date Signed

15. COMPONENTS SUBMITTED SEPARATE FROM BUILDING**ORIGINAL SIGNATURE** - Building Designer (Component Submittal)

Date Signed

Name - Component Fabricator