

REQUEST FOR PERMISSION TO START FOOTINGS, FOUNDATION, AND/OR DEMOLITION

Submission and Departmental approval of the form will allow footings and foundation work and/or remodeling, demolition work prior to plan review. If you have questions about completing this form, call 608-264-9838, FAX 608-267-0352, or email DHFSDESQBQAPlanReview@dhfs.state.wi.us.

Facility Name			Date Plans Received By DHFS		
Street Address			DHFS Project / Plan Number		
City	State	Zip Code	County		
Project Description					

We, the undersigned, request to begin (Check one.)

- FOOTING AND FOUNDATION WORK ONLY**
 REMODELING PROJECT – DEMOLITION WORK ONLY

prior to approval of the plans in accordance with COMM 61, HFS 124.29(2) and HFS 132.84(17)(b).

SUBMIT THIS FORM WITH THE OQA-2333 PLAN APPROVAL APPLICATION AND APPROPRIATE FEES.

(See page 3 of the Plan Approval Application, Miscellaneous Fees).

- **All fields on this form must be completed. Incomplete forms are null and void.**
- A Plan Approval Application form, OQA-2333, **must** be submitted with this form.
- We understand that the Department at this time may not have completed a detailed review.
- Interim Life Safety Code Plans must be submitted with this form when applicable.
- We have reviewed the specific code requirements for the building or structure and its use, as set forth in COMM 61-65, and HFS 124, HFS 132, or HFS 134, and have shown compliance on the drawings where applicable.
- **We agree to make any changes required after the plans have been reviewed and to remove or replace non-code complying parts of the building or structure.**
- We understand that, prior to the start of construction, a Building Permit may be required from the local authorities having jurisdiction in accordance with the laws and ordinances.
- We understand that if this project is in an unsewered area, a sanitary permit must be obtained prior to the issuance of a local building permit, s 101.12(3)(h), Wis. Stats.
- We understand that if this project will disturb 1 or more acres of land, an **EROSION CONTROL NOTICE OF INTENT**, per COMM 61 and NR 216.47, shall be filed with the Department of Commerce.

KEEP A COPY OF THIS FORM FOR YOUR FILE. SUBMIT ORIGINAL WITH FORM OQA-2333 TO:

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

SIGNATURE – Owner (in INK)			SIGNATURE – Designer (in INK)		
Title	Date Signed	Name – Designer (Print or type.)	Date Signed		
Name - Owner (Print or type.)			Name – Designer Firm (Print or type.)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
DEPARTMENT ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			Reviewed By		Date

Review Comments on Reverse Side