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| **DEPARTMENT OF HEALTH SERVICES** | | **STATE OF WISCONSIN** |
| Division of Quality Assurance  F-62457 (01/2021) | Wis. Stat. §§ 50.02(2)(b)1, 50.025, 50.36(2)(a) and 50.90(3m) | |

### REQUEST FOR PERMISSION TO START CONSTRUCTION FOR FOOTINGS AND FOUNDATIONS

* Submission and departmental approval based on this request is limited to footings and foundation work.
* A complete submittal must be included with this request. The complete submittal shall include:

1. DQA form F-62457, *Request for Permission to Start Construction for Footings and Foundations*
2. DQA form F-62333, *Plan Approval Application,* available online at: <https://www.dhs.wisconsin.gov/library/f-62333.htm>
3. The fee for permission to start construction for footings and foundations at hospitals, hospices, and free-standing emergency departments is **$75.00**. The fee for all other health facility types is **$80.00**.
4. Construction documents as described under the administrative rule

* Direct questions about use or completion of this form to:

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| Plan Intake Phone: **414-227-4085**  Email: [dhsdqaplanreview@dhs.wisconsin.gov](mailto:dhsdqaplanreview@dhs.wisconsin.gov) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **DHS Reference No.** | | | | | | | | | | | | | | | **Date Plans Received By DHS** | | | | | |
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| Name – Facility (Legal Name) | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Address – Facility (Street Address) | | | | | | City | | | | | | | | | County | | | | | State | | | Zip Code |
| Project Description *(Briefly describe scope of project.)* | | | | | | | | | | | | | | | | | | | | | | | |
| Prior to approval of plans and in accordance with Wis. Admin. Code chs. SPS 361 and DHS 83, 124, 131, and 132, we, the undersigned, request to begin **footing and foundation work *ONLY, subject to the following:*** | | | | | | | | | | | | | | | | | | | | | | | |
| * The Department, at this time, **has not performed a detailed review**. * The specific code requirements for the building or structure have been reviewed as set forth in Wis. Admin. Code chs. SPS 361 – 365 and DHS 83, 124, 131, or 132 and have shown compliance on the drawings. * **Any changes required after the plans have been reviewed shall be per Wis. Admin. Code §** **SPS 361.32(2).** * 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. * If this project is in an area not served by sanitary or sewer, a **sanitary permit** must be obtained prior to the issuance of a local building permit, per Wis. Stat. § 101.12(3)(h). | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURE** – **Owner** | | Date Signed | | | | | | | | **SIGNATURE** – **Designer** | | | | | | | | | | | Date Signed | | |
| Name and Title – **Owner** *(Print or type.)* | | | | | | | | | | Name – **Designer** *(Print or type.)* | | | | | | | | | | | | | |
| Name – Company | | | | | | | | | | Name – Design Firm | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | Street Address | | | | | | | | | | | | | |
| City | State | | | Zip Code | | | | | | City | | | | | | | | | State | | | Zip Code | |
| Email Address | | | | | | | | | | Email Address | | | | | | | | | | | | | |