

City of Oshkosh Inspection Services Division

Application for Review -Buildings, HVAC and Components – SBD-118

<p>1.a. Type of Submittal or Service Requested (check all that apply)</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Alteration – Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> Addition/Alteration–Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> Approval Extension</p> <p><input type="checkbox"/> Revision</p> <p><input type="checkbox"/> Footing & Foundation Plans Only</p> <p><input type="checkbox"/> Permission to Start</p> <p><input type="checkbox"/> Follow Up of a Denial Within 8 Months</p> <p><input type="checkbox"/> Preliminary Consultation (contact reviewer before scheduling or submitting)</p> <p><input type="checkbox"/> Structural Framework Only</p> <p><input type="checkbox"/> Building Shell</p> <p><input type="checkbox"/> Multiple Identical Buildings (see box 5) Number of Buildings _____</p> <p>b. Objects Submitted for Review as Current Review (check all that apply)</p> <p><input type="checkbox"/> Building</p> <p><input type="checkbox"/> HVAC</p> <p><input type="checkbox"/> Fire Suppression (see box 7)</p> <p><input type="checkbox"/> Fire Detection/Alarm (see box 7)</p> <p>Other Projects (Stand Alone from above)</p> <p><input type="checkbox"/> Bleacher</p> <p><input type="checkbox"/> Canopy</p> <p><input type="checkbox"/> Kitchen Exhaust Hood</p> <p><input type="checkbox"/> Membrane Construction</p> <p><input type="checkbox"/> Rack Supported Storage Building</p> <p><input type="checkbox"/> Elevated Pedestrian Access</p> <p>c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):</p> <p><input type="checkbox"/> Roof Truss <input type="checkbox"/> Metal Bldg</p> <p><input type="checkbox"/> Floor Truss <input type="checkbox"/> Fire Escape</p> <p><input type="checkbox"/> Steel Girder <input type="checkbox"/> Precast Plank</p> <p><input type="checkbox"/> Laminated Wood <input type="checkbox"/> Precast Wall</p>	<p>2. Occupancy Type</p> <p>Major Use – Check Use with the Greatest Floor Area</p> <p><input type="checkbox"/> A Assembly A1 A2 A3 A4 A5</p> <p><input type="checkbox"/> B Business/Office B</p> <p><input type="checkbox"/> E Educational E</p> <p><input type="checkbox"/> F Factory/Industrial F1 F2</p> <p><input type="checkbox"/> H Hazardous H1 H2 H3 H4 H5</p> <p><input type="checkbox"/> I Institutional/Daycare/CBRF I1 I2 I3 I4</p> <p><input type="checkbox"/> M Mercantile/Retail M</p> <p><input type="checkbox"/> R Residential R1 R2 R3 R4</p> <p><input type="checkbox"/> S Storage S1 S2</p> <p><input type="checkbox"/> U Utility/Misc U</p> <p>Additional Non-Accessory Occupancies – Circle All that Apply)</p>	<p>3. Construction Information</p> <p>Construction Class – Circle One</p> <p>IA IB IIA IIB IIIA IIIB IV VA VB</p> <p>Area (project area, include all levels): _____ sq ft</p> <p>If different, Heated/ventilated Area: _____ sq. ft</p> <p>Sprinklered/Detector Protected Area: _____ sq. ft</p> <p>Number of Floor Levels _____</p> <p>Total Building Volume < 50,000 Cu. Ft. ___ Yes ___ No</p> <p>Seismic Review Threshold (circle one)</p> <p>1. B-F and greater than 1 story 2. A or 1 story</p> <p>3. Non-Structural Alteration</p>
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4. Project Information – Fill in all known information

Project/Site Name _____

Tenant name or building designation _____

Previous Tenant Name _____

Number & Street _____

5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)

Building/Facility Name/Designation	Building/Facility Address

7. Check system type as applicable. (Must include this information to determine allowable building area / heights)

<p><u>FIRE ALARM</u></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>Type: <input type="checkbox"/> Automatic Detection</p> <p><input type="checkbox"/> Manual Alarm</p> <p>Monitoring Type:</p> <p><input type="checkbox"/> Central Station</p> <p><input type="checkbox"/> Remote Supervision</p> <p><input type="checkbox"/> Proprietary Supervision</p> <p><input type="checkbox"/> Protected Premises</p>	<p><u>FIRE SUPPRESSION</u></p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>Type: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-action/Deluge</p> <p><input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Manual Wet</p> <p><u>NFPA Fire Suppression Standards used</u></p> <p><input type="checkbox"/> 11 <input type="checkbox"/> 11A <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 13R</p> <p><input type="checkbox"/> 13D <input type="checkbox"/> 13D - MPP <input type="checkbox"/> 14 <input type="checkbox"/> 15</p> <p><input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 17R <input type="checkbox"/> 17A <input type="checkbox"/> 20</p> <p><input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 750 <input type="checkbox"/> 2001 <input type="checkbox"/> Other _____</p>
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6. After plans are reviewed, please: (check all that apply)

Call customer 1, 2, 3, 4 (circle number)*

Mail plans to customer 1, 2, 3, 4 (circle number)*

Hold plans for pickup by designer designated agent

<p>Designer Information (Customer 1) First Time Submitter ___Yes ___No</p> <p>First Name _____ Last Name _____ Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip+4 (9 digits) _____</p> <p>Phone Number (area code) _____ E-Mail _____</p> <p>Check all applicable</p> <p><input type="checkbox"/> Designer of ___Bldg ___HVAC, ___Lighting ___Fire Alarm ___Fire Suppression</p> <p><input type="checkbox"/> Supervising Professional of ___Bldg ___HVAC</p> <p>WI Designer Registration # _____ Exp Date _____</p>	<p>Designer Information (Customer 2) First Time Submitter ___Yes ___No</p> <p>First Name _____ Last Name _____ Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip+4 (9 digits) _____</p> <p>Phone Number (area code) _____ E-Mail _____</p> <p>Check all applicable</p> <p><input type="checkbox"/> Designer of ___Bldg ___HVAC, ___Lighting ___Fire Alarm ___Fire Suppression</p> <p><input type="checkbox"/> Supervising Professional of ___Bldg ___HVAC</p> <p>WI Designer Registration # _____ Exp Date _____</p>
<p>Property Owner (not lessee) Information (Customer 3)</p> <p>First Name _____ Last Name _____ Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip+4 (9 digits) _____</p> <p>Phone Number (area code) _____ E-Mail _____</p>	<p>Other (Customer 4) ___Add'l Owner ___Designer ___Mail to ___Payer</p> <p>First Name _____ Last Name _____ Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip+4 (9 digits) _____</p> <p>Phone Number (area code) _____ E-Mail _____</p>

Note: Be aware that plan review and approval is separate from local permits. Check with the local municipality for their requirements.

8. Required Signatures

a) Supervising Professionals: If building will be 50,000 cu ft or greater (SPS 361.40) I have been retained by the owner as the supervising professional per SPS 361.40 for the performance of the 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 and municipality 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. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the department as such and indicating the current status of compliance.

Signature _____

Print _____

() Building () HVAC Date _____

() Building () HVAC Date _____

NOTE: Building supervising professional or registered designer is responsible for supervision of fire suppression/fire alarm installation (if applicable).

b) Component Submittal The department requires that the project designer review individual component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer _____

Date Signed _____

Name of Component Fabricator _____

c) Optional Service-of Permission to Start Requested – (Be sure to check box under Building Submittal Type on front page)

() As the owner, I request to begin footing and foundation work PRIOR to plan review approval. I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction. I will not permit construction above the foundation until approved plans are at the site.

(Additional \$75.00 fee per building) Request is for the following buildings: _____

Owner's Signature _____ Date _____

Designer Signature _____

9. Statements of Owners and Designer

- a) Owners Statement: The owner indicated on page one requests that plans be reviewed for compliance with the code requirements set forth in SPS 360 to 366 of the department. The owner recognizes responsibility for compliance with all the code requirements and any conditions of approval. If a building is 50,000 cubic feet in total volume or greater, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect [SPS 361.31]. Signatures and seals affixed to the plans shall be original.
- b) Designers Statement (SPS 361.20, 361.31(1), and 361.40): The designer indicated on page one of this form is responsible for preparing or supervising the preparation of the plans to the best of his/her knowledge to comply with the applicable codes of the Industry Services Division for this submittal. If a building, following construction of this project, contains more than 50,000 cubic feet in volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin-registered engineer, architect, or designer [SPS 361.31(1)]. Signatures and seals affixed to the plans shall be original.

10. Fee Calculation Instructions

Building, heating and ventilation plans.

Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with Table below

Table 302.31-2 Buildings Located in Municipalities that Perform Inspections as an Agent of the Industry Services Division

Area (Square Feet)	Building Plans	HVAC Plans
Less than 2,500	\$250	\$150
2,501 - 5,000	300	200
5,001 - 10,000	500	300
10,001 - 20,000	700	400
20,001 - 30,000	1,100	500
30,001 - 40,000	1,400	800
40,001 - 50,000	1,900	1,100
50,001 - 75,000	2,600	1,400
75,001 - 100,000	3,300	2,000
100,001 - 200,000	5,400	2,600
200,001 - 300,000	9,500	6,100
300,001 - 400,000	14,000	8,800
400,001 - 500,000	16,700	10,800
500,000	18,000	12,100

NOTES:

- A. **Plan entry fee of \$100.00** shall be submitted with each submittal of plans to the City of Oshkosh in addition to the plan review and inspection fees.
- B. A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time**: The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 302.31-2 on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

11. CALCULATION OF FEES

Determine Project 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, industrial equipment platforms, balconies, lofts, decks, 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 project area is the summation of all floor areas that are part of this project. Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____

B. Compute Total Fee

- **Building Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **HVAC Fee** (from table) [\$_____.00] + [No. of Add'l identical Bldgs _____ X Min. Fee \$_____.00] = \$_____.00
- **Miscellaneous Fee** No. of Buildings _____ x \$250.00 \$_____.00
(plans submitted within 8 months of denial, separate footing/foundation, independent bleacher plans more than 10 feet apart, structural framework, etc)
- **Permission to Start Construction** No. of Buildings _____ X (\$75.00) \$_____.00
- **Revision to previously reviewed, but not denied, plans** No. of Buildings _____ X (\$75.00) \$_____.00
(This includes submittal of revised plans, within 30 days, after an additional information/hold action)
- **Additional number of plan sets** No. of Plan sets in excess of 5 _____ X (\$25.00/set) \$_____.00
- **Components** \$_____.00
Trusses, precast, metal bldg, joist girders, etc. If submitted with or as a follow up to a current bldg project, the minimum \$100 submittal fee has been met. If submitted as a stand-alone project or submitted following final inspection of the building, fee is \$250.
- **Other** \$_____.00
- **Submittal Fee** (required for each and every separate submittal of choices above) \$ **100.00**
- **Additional sets of approved plan sets requested after plan approval** No. of plan sets _____ X (\$25.00) \$_____.00
- **Plan approval extension** (\$120.00) \$_____.00

Make checks payable to the City of Oshkosh

Total Amount Due \$ _____