



**Agent City for Building
Plan Review**

**APPLICATION FOR REVIEW
BUILDINGS, HVAC, LIGHTING,
AND COMPONENTS
OCSBD-118**

Complete all pages-
NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1) (m), Stats.]

Tax Key #: _____
 Plan Review number: _____
 Previous review number: _____
 Date received: _____
 Reviewers Name: _____
 Approval Date: _____
FEE _____
 Must use tables 302.31-2 and 302.31-3 to determine fees

8040 South 6th St. Oak Creek WI 53154 Ph. 414-766-7002

Note the City of Oak Creek has its own sprinkler code requirements per section 15.217 of the Oak Creek Municipal Code, which may supersede the State Code. (See Box 7)

1. a. Type of Submittal or Service Requested (check all that apply)
 New
 Alteration level 1 ___ 2 ___ 3 ___
 Addition/Alteration Level 1 ___ 2 ___ 3 ___
 Approval Extension
 Revision
 Follow Up of a Denial within 8 Months
 Permission to start construction (see Box 9c)
 Footing & Foundation Plans Only
 Structural Framework – Shell Only
 Multiple Identical Buildings (see box 5)
 Number of Buildings _____

b. Current Objects Submitted for Review (check all that apply)
 Building
 HVAC
 Energy conservation lighting
 Emergency egress

Fire Suppression (see box 7)
 Fire Detection/Alarm (see box 7)

c. Other Projects (Standalone from above)
 Antennas and towers
 Bleacher, Interior ___ Exterior ___
 Canopy
 Elevated Pedestrian Access
 Kitchen Exhaust Hood
 Hood fire suppression (see box 7)
 Membrane Construction
 Rack Supported Storage Building

d. Structural Component Plan(s) which accompany this submittal (check all that apply):
 Roof Truss Metal Bldg
 Floor Truss Fire Escape
 Steel Girder Precast Plank
 Laminated Wood Precast Wall

2. Occupancy Type
 Major Use – Check Use with the Greatest Floor Area
 A Assembly
 B Business/Office
 E Educational
 F Factory/Industrial
 H Hazardous
 I Institutional/Daycare/CBRF
 M Mercantile/Retail
 R Residential
 S Storage
 U Utility/Misc.

Additional Non-Accessory Occupancies – Circle All that Apply
 A-1 A-2 A-3 A-4 A-5
 B
 E
 F-1 F-2
 H-1 H-2 H-3 H-4 H-5
 I-1 I-2 I-3 I-4
 M
 R-1 R-2 R-3 R-4
 S-1 S-2
 U

3. Construction Information
 Construction Class – Circle One
 IA IB IIA IIB IIIA IIIB IV VA VB
 Area (project area, include all levels): _____ sq. ft.
 If different, heated and ventilated area _____ sq. ft.
 Number of Floor Levels _____
 Total Building Volume is less than 50,000 Cu. Ft.
 ___ Yes ___ No
 Seismic Review Threshold (circle one)
 1. B-F and greater than 1 story
 2. A or 1 story
 3. Non-Structural Alteration

IF YOU ARE USING THIS APPLICATION TO COMPLETE A BUILDING PROJECT THAT IS ALREADY APPROVED, PLEASE INDICATE THAT BUILDING PERMIT NUMBER THEN COMPLETE ONLY THE FOLLOWING: BOX #1, BOX #4 (COMPLETE IF THIS IS A PARTIAL PROJECT), BOX #5 (IF IT APPLIES), BOX #6 AND THE CUSTOMER BOXES.

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

Designer's Project Number (If applicable): _____ add any additional sheets if necessary

AFTER PLANS ARE REVIEWED, YOU WILL BE NOTIFIED VIA EMAIL REGARDING APPROVAL AND/OR IF PAYMENT IS NEEDED

Designer Information (Customer 1)		Designer Information (Customer 2)	
Contact Full Name:		Contact Full Name:	
Company Name:		Company Name:	
Address (City, State, Zip):		Address (City, State, Zip):	
Email:	Phone:	Email:	Phone:
Check others if applicable <input type="checkbox"/> Designer of ___ Bldg ___ HVAC, ___ lighting <input type="checkbox"/> Supervising Professional of ___ Bldg ___ HVAC WI Designer Registration # _____ Exp date. _____		Check others if applicable <input type="checkbox"/> Designer of ___ Bldg ___ HVAC, ___ lighting <input type="checkbox"/> Supervising Professional of ___ Bldg ___ HVAC WI Designer Registration # _____ Exp date. _____	
Property Owner Information - NOT lessee (Customer 3)		Other (Customer 4)	
Contact Full Name:		Contact Full Name:	
Company Name:		Company Name:	
Address (City, State, Zip):		Address (City, State, Zip):	
Email:	Phone:	Email:	Phone:

6. Fire Protection: Fire Suppression, Private Fire Suppression Underground Water Supply, and Fire Alarm System plans are required for certain occupancies in Oak Creek. The applicant must contact the Oak Creek Fire Department for further information and details on these requirements. The direct number is 414-570-5629. When required to submit plans by the Oak Creek Fire Department, the applicant shall submit digital plans for Fire Suppression, Fire Detection and Alarm systems, and Fire Suppression Private Underground Water Supply to Fire Safety Consultants, Inc

City of Oak Creek Fire Department Permit webpage <https://www.oakcreekwi.gov/government/departments/fire/permits-and-inspections>

Fire Safety Consultants Inc (FSCI) Plan Review webpage <https://gopost-fsci.eplansoftreview.com/#/login?portal=fscillinois> Phone: 847-697-1300
Address: 2175 Point Blvd; Suite 380, Elgin, IL 60123

7. Other Potential Plan Submittals Required For A Project?

Contact DSPS for individual submittal requirements for all of the following:

- Petition for Variance – Submit form SBD-9890
- Plumbing and private sewage systems under chapters SPS 381-385
- Elevators or Escalators under chapter SPS. 318
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter SPS 390
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter SPS 310
- There is no state electrical review at this time under SPS 316
- Erosion control & storm water management under SPS.360
- Boiler & pressure vessels under SPS.341
- Mechanical Refrigeration under SPS.345

Department of Health enforces Building Code requirements, including Plan Review, for Hospitals and Nursing Homes. Daycare facilities must meet building codes prior to their licensing.

For licensing of Hotels, Motels, Taverns, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the Oak Creek Health Department at (414)-768-6525.

The Wisconsin Permit Center at 1-800-435 -7287 may be able to help you with other state permit requirements.

Note: Be aware that State Plan Review & Approval in some cases are separate from local permits and reviews.

8. Required Signatures

a) **SUPERVISING PROFESSIONAL:** 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 City of Oak Creek 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.

Supervising Professional's Signature _____ () Building () HVAC Date _____

Supervising Professional's Signature _____ () Building () HVAC Date _____

Supervising Professional's Signature _____ () Building () HVAC Date _____

NOTE: Building Supervising Professional is also responsible for supervision of the Lighting & Fire Suppression / 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) () 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. Note: footing and foundation work cannot start until **Oak Creek Engineering Department** approval is granted. (A separate permission to start construction permit is required in addition to a plan review request.)

(An additional \$75.00 Fee per building plus the submittal fee) Request is for the following buildings: _____

Owners Signature _____

9. Statements of Owners and Designer

a) Owners Statement the owner indicated on page 1 request that plans be reviewed for compliance with the code requirements set forth in Chapters 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 1 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 Division of Safety & Buildings 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. Lighting plans may be designed and submitted by the master electrician installing the system.

10. Fee Calculation Instructions

FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE
Calculate appropriate fee on page 4 and enter total on Page 4.

I. Building, heating and ventilation plans. Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) plans 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 SPS 302.31-2 and Table 302.31-3

Table 302.31-2
Plan Review Fees for
Buildings Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings

This table and the table below are to be utilized for projects in this municipality which is delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the Department of Commerce.

Area (Square Feet)	Building Plans	HVAC Plans
0 – 500	\$90	\$70
501 – 1000	130	100
1,001 – 1,500	170	125
1,501 – 2,000	210	155
2,001 - 2,500	250	180
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
Over 500,000	18,000	12,100

Plan Table 302.31-3
Fees to be forwarded to the State
For Reviews Performed by Second Class Cities and Appointed Agents

Area (Square Feet)	Building Plans	HVAC Plans
Less than 2,500	\$30	\$18
2,501 - 5,000	35	25
5,001 - 10,000	60	30
10,001 - 20,000	80	45
20,001 - 30,000	120	60
30,001 - 40,000	160	90
40,001 - 50,000	210	120
50,001 - 75,000	290	160
75,001 - 100,000	360	220
100,001 - 200,000	600	290
200,001 - 300,000	1,050	670
300,001 - 400,000	1,550	980
400,001 - 500,000	1,850	1,200
Over 500,000	2,000	1,350

NOTE: A plan entry fee of \$100.00 shall be submitted with each submittal of plans to the department in addition to the plan review and inspection fees.

Lighting Plans and Calculations will be reviewed at no additional cost if submitted with the Building Plans. A fee of \$75 will be charged if submitted with the HVAC Plans. A Fee of \$75 plus the \$100 submittal fee (Total \$175) is required for all Lighting Plans submitted separately. Lighting Energy Plans / Calculations and Egress Lighting Plans / Calculations must be submitted together.

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 Table 302.31-2 and Table 302.31-3 based on 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 sq. ft.

