

Wisconsin Department of Industry, Labor and Human Relations
DIVISION OF SAFETY & BUILDINGS
 P.O. Box 7969, Madison, Wi. 53707

POSITION STATEMENT
 To Be Completed By:
 Dept. of H&SS
 Division of Health
 SB-8-B (R. 10/84)

Name of Owner of Building		Title			
Street		City	State	Zip	Phone No.
Building Identification		Street & No. (Bldg Location)		City & County	
Architect or Engineer		Street & No.		City & State	
1. I have read the Petition for Modification of Rule: IND.					
2. I recommend (check appropriate box)		Denial	Approval	Conditional Approval	No Comment
3. Our files or inspection indicate that this building is <input type="checkbox"/> fire-resistive-type 1 or 2 (see Ind. 51.03(1) or (2)) is not <input type="checkbox"/>					
4. Explanation for Recommendation: NOTE - If the answer to Item 3 is NO, and your recommendation is approval, an explanation is required.					
<h1>SAMPLE</h1>					
5. <input type="checkbox"/> I find no conflict with H & SS Rules and Regulations <input type="checkbox"/> I find that the petition is in conflict with H & SS Rules and Regulations as set forth below EXPLANATION:					
Signature and Title				Date	

Please complete and submit PROMPTLY to
 DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
 at the address shown above.

BUILDING/STRUCTURE/HVAC PLANS APPROVAL APPLICATION

- Complete Both Sides -

Wisconsin Department of Industry,
Labor & Human Relations
Safety & Buildings Division
Bureau of Buildings & Structures

Scheduling Information - complete
when calling to schedule review:

E-File _____
Plan No. _____

INSTRUCTIONS: Fill in all applicable data. **Caution:** Failure to complete the form entirely may cause additional delay. Submittal of this Plans Approval Application is required for **each** building. Submit this form with at least 4 sets of plans which include details and data as required by ILHR 50.12. Plans may be submitted to any of the plan review offices listed on the reverse side. Projects are scheduled for review. Please call the selected office prior to submittal. Any components submitted independently from the building plans must be submitted to the office which did the project's initial review.

1. Owner Information		2. Project Information		3. Building or Structure Designer Information	
Name		Building Occupancy Chapter(s) And Use:		Designer	
Company Name		Tenant Name (if any)		Registration #	
Number & Street		Building Location (number & street)		Design Firm	
City, State, Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Of		Number & Street	
Contact Person		County Of		City, State, Zip Code	
Telephone Number ()		Property ID No. (tax parcel no - contact county)		Contact Person	
Fax Number ()		Government Owned <input type="checkbox"/> Yes <input type="checkbox"/> No Government Leased Or Operated <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number ()	
				Fax Number ()	
				Return Plans To: <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Other _____	
4. Building History		5. Construction Class Requested		6. HVAC Designer Information	
Previous Owner(s) (if any)		<input type="checkbox"/> 1 Fire Resistive Type A		Designer	
Previous Plan or File No		<input type="checkbox"/> 2 Fire Resistive Type B		Registration #	
Variance No. Preliminary No		<input type="checkbox"/> 3 Metal Frame - Protected		Design Firm	
Other Information (previous use, last submission)		<input type="checkbox"/> 4 Heavy Timber		Number & Street	
		<input type="checkbox"/> 5A Exterior Masonry - Protected		City, State, Zip Code	
		<input type="checkbox"/> 5B Exterior Masonry - Unprotected		Contact Person	
		<input type="checkbox"/> 6 Metal Frame - Unprotected		Telephone Number ()	
		<input type="checkbox"/> 7 Wood Frame - Protected		Fax Number ()	
		<input type="checkbox"/> 8 Wood Frame - Unprotected			
		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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Building Information		8. Submittal Request		9. Supervising Professional Information	
<input type="checkbox"/> Complete Sprinkler - NFPA _____		<u>Project</u>		<input type="checkbox"/> For Building <input type="checkbox"/> Same As Building Designer	
<input type="checkbox"/> Partial Sprinkler - NFPA _____		<input type="checkbox"/> New		<input type="checkbox"/> For HVAC <input type="checkbox"/> Same As HVAC Designer	
<input type="checkbox"/> Unlimited Area		<input type="checkbox"/> Alteration		Supervising Prof (if different from designer)	
<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Emergency Power		<input type="checkbox"/> Addition		Registration #	
<input type="checkbox"/> Smoke Detection <input type="checkbox"/> Hazard Enclosure		<input type="checkbox"/> Revisions		Number & Street	
Total Number of Stories _____		<input type="checkbox"/> Use Change		City, State, Zip Code	
Building Footprint Area _____ sq ft		<input type="checkbox"/> ILHR 70 Hist Code		Telephone Number	
Soil Bearing Capacity _____ psf		<input type="checkbox"/> Variance			
<input type="checkbox"/> Presumed		<input type="checkbox"/> Preliminary			
<input type="checkbox"/> Verified		<input type="checkbox"/> Canopy			
		<input type="checkbox"/> Bleacher			
		<input type="checkbox"/> Tower			
		<input type="checkbox"/> Other _____			
		<input type="checkbox"/> Review Requested			
		<input type="checkbox"/> Footing/Foundation			
		<input type="checkbox"/> Building			
		<input type="checkbox"/> Permission To Start			
		<input type="checkbox"/> HVAC			
		<input type="checkbox"/> Truss			
		<input type="checkbox"/> Precast			
		<input type="checkbox"/> Structural			
		<input type="checkbox"/> Laminated Wood			
		<input type="checkbox"/> Metal Building			
		<input type="checkbox"/> Joist/Girder			
10. Related Business Systems - Please call the respective Program for clarification and plan submittal requirements.					
<input type="checkbox"/> Elevators (608-267-3576) includes: <input type="checkbox"/> Passenger elevator meeting ILHR 18 req <input type="checkbox"/> Freight elevator meeting ILHR 18 req <input type="checkbox"/> Part 5 lift (residential type) <input type="checkbox"/> Part 20 lift (wheelchair lift)		<input type="checkbox"/> Flammable/Combustible Liquid (608-267-1379) Will any portion of this building be used for storage or dispensing of flammable/ combustible liquids as covered by ILHR 10? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Boiler/Pressure Vessel (608-266-1904) <input type="checkbox"/> Mechanical Refrigeration/AC (608) 266-1904 <input type="checkbox"/> Plumbing (608-266-3815) Sewer: <input type="checkbox"/> Municipal <input type="checkbox"/> Private Sewage System	

11. Calculation of Fees

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.

Attach a separate sheet if necessary for the calculations below:

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

- Project NOT located in certified municipality (go to Fee Schedule Table 2.31-1).
- Project located in certified municipality (go to Fee Schedule Table 2.31-2).
(See Fee Schedule for list of certified municipalities.)

<input type="checkbox"/> Building and HVAC	Fee	\$	_____
<input type="checkbox"/> Building Only	Fee	\$	_____
<input type="checkbox"/> HVAC Only	Fee	\$	_____
<input type="checkbox"/> Revision To Previously Approved Plan	Fee	\$	_____
<input type="checkbox"/> Permission To Start	Fee	\$	_____
<input type="checkbox"/> Pre-July 1992 Building Components	Fee	\$	_____
<input type="checkbox"/> Other _____	Fee	\$	_____
Total Fee			= _____

SAMPLE

12. OWNER'S STATEMENT (ILHR 50.11): I request that plans be reviewed for compliance with the code requirements set forth in Chapters ILHR 50-64 of the rules of the department. 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 ILHR 50.10 throughout construction to project completion and the filing of a Completion Statement by the supervising professional.

Owner's Signature: _____ Name & Title _____
Original _____ Print _____

13. DESIGNER'S STATEMENT: DESIGN (ILHR 50.07-50.09) 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 (ILHR 50.07(2)). Signatures and seals shall be original.

The department expects, and 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.

- Total cubic foot volume of the building upon completion of this project: Less Than 50,000 50,000 or Greater
- Design loads have been indicated on the plans. _____ Yes N/A
- Firewall schematic plan has been included. _____ Yes N/A
- All applicable items required by ILHR 50.12 have been included. _____ Yes N/A

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 Industry, Labor and Human Relations.

Original Signature of Building Designer (Building Submittal)	Date Signed	Original Signature of HVAC Designer	Date Signed
Original Signature of Building Designer (Component Submittal)	Date Signed	Name of Component Design Firm	

14. SUPERVISING PROFESSIONAL'S STATEMENT: (ILHR 50.10) I have been retained by the owner as the supervising professional per ILHR 50.10 for the performance or 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 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.

Original Signature of Professional Supervising The Building	Date Signed	Original Signature of Professional Supervising The HVAC	Date Signed
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Hayward Office 209 W. 1st Street Rt 8, Box 8072 Hayward, WI 54843 Phone (715) 634-4870 Fax (715) 634-5150	La Crosse Office 2226 Rose Street La Crosse, WI 54603 Phone (608) 785-9334 Fax (608) 785-9330	Madison Office 201 E. Washington Ave P.O. Box 7969 Madison, WI 53707 Phone (608) 266-8735 Fax (608) 267-9566	Shawano Office 1053A E. Green Bay Street P.O. Box 434 Shawano, WI 54166 Phone (715) 524-3626 Fax (715) 524-3633	Waukesha Office 401 Pilot Court, Suite C Waukesha, WI 53188 Phone (414) 548-8600 Fax (414) 548-8614
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Wisconsin Department of Industry,
Labor and Human Relations

PERMISSION TO START CONSTRUCTION

Safety and Buildings Division

**NOTE: This permission is applicable only to projects
having below grade foundation work.**

Additional fees are required. Contact one of the locations listed below for more information.

HAYWARD OFFICE
Route 8
P.O. Box 8072
Hayward, WI 54843
Tele: (715) 634-4870
FAX: (715) 634-5150

LA CROSSE OFFICE
2226 Rose Street
La Crosse, WI 54603
Tele: (608) 785-9334
FAX: (608) 785-9330

MADISON OFFICE
201 E. Washington Ave.
PO Box 7969
Madison, WI 53707
Tele: (608) 266-8735
FAX: (608) 267-9566

SHAWANO OFFICE
1053A E Green Bay Street
P.O. Box 434
Shawano, WI 54166
Tele: (715) 524-3626
FAX: (715) 524-3633

WAUKESHA OFFICE
401 Pilot Court
Waukesha, WI 53188
Tele: (414) 548-8600
FAX: (414) 548-8614

Project Location:

Street: _____ E-File: _____

City: _____ Plan Number: _____

County: _____ Date Plans Rec'd: _____

Occupancy: _____

SAMPLE

We, the undersigned, request to begin footing and foundation work prior to approval of the plans in accordance with ILHR 50.14.

Plans have been submitted to the Department of Industry, Labor and Human Relations, Safety and Buildings Division, and all information requested by Code ILHR 50.12 or ILHR 50.13 has been included with the submittal.

We have reviewed the specific code requirements for the building or structure and its use, as set forth in ILHR 50-64, and, where applicable, have shown compliance on the drawings.

We agree to make any changes required after the plans have been reviewed and to remove or replace non-code complying parts of the foundation and/or footings.

We agree to proceed with the footings and foundation only and will not continue with the remainder of the building or structure until approval has been received.

We understand that, prior to the start of construction, a Building Permit must be obtained from the local authorities having jurisdiction in accordance with their 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 (ss 101.12 (3) (h)).

Owner's Signature: _____
(Original Signature in Ink)

Designer's Signature: _____
(Original Signature in Ink)

Date Signed: _____

Date Signed: _____

Owner's Name: _____

Designer's Name: _____

Street: _____

Street: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Department Action:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
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Review Comments:

Reviewed By: _____ Today's Date _____