

Chapter Comm 66

APPENDIX A

The material contained in this Appendix is for clarification purposes only and is numbered to correspond to the number of the rule as it appears in the text of the code.

A-66.04 (1) (e) Lower thresholds for municipalities with preexisting stricter sprinkler ordinances. Section 101.14 (4m) (d) and (e), Stats., provides the following thresholds above which fire sprinklers or two-hour fire resistance can be required by a municipality with a preexisting stricter sprinkler ordinance.

Class of Construction	Total Floor Area Within Individual Dwelling Units	Number of Units	Total Floor Area of Nondwelling Unit Portions (Common use areas, such as corridors, stairways, basements, cellars, vestibules, community rooms, laundry rooms, pools, etc.)
Type 1 – Fire resistive Type A	8,000 sq ft.	8 units	12,000 sq ft.
Type 2 – Fire Resistive Type B			10,000 sq ft.
Type 3 – Metal Frame Protected			8,000 sq ft.
Type 4 – Heavy Timber Type 5A – Masonry Protected Type 5B – Masonry Unprotected Type 6 – Metal Frame Unprotected Type 7 – Wood Frame Protected Type 8 – Wood Frame Unprotected			5,600 sq ft.
			4,800 sq ft.

The department believes the following municipalities have a preexisting stricter sprinkler ordinance:

Appleton	Greenfield	Muskego	Shorewood Hills
Brookfield	Madison	New Berlin	Sussex
Franklin	Menomonee Falls	Oak Creek	West Allis
Greendale	Monona	Racine	West Bend

A 66.09 to 66.42 Forms. The forms on the following 10 pages (SBD-2, SBD-118, SBD-224, SBD-9720, SBD-9886, and SBD-9890) are referred to in ss. Comm 66.23 (2); 66.12 (1), 66.15, 66.17 (1) (a), and 66.18 (1) (a); 66.23 (2); 66.09 (4); 66.12 (1); and 66.26 (2) (b), (3) (c) and (4); respectively. Copies of these forms are available from the Division of Safety and Buildings, P. O. Box 7162, Madison, Wisconsin 53707.

A 66.24 Certified municipalities. The following municipalities are anticipated to be certified by the department to review plans and conduct inspections under s. Comm 66.24. This list is current as of the date of printing of this chapter. For information regarding the up-to-date status of a municipality, call 608-267-7586.

FIRST CLASS CITIES
Milwaukee

COUNTIES
Eau Claire

OTHER CITIES

Altoona	Fitchburg	Mequon	Seymour
Amery	Fond du Lac	Middleton	Sheboygan
Antigo	Fort Atkinson	Monroe	Stevens Point
Appleton	Franklin	Muskego	Sturgeon Bay
Augusta	Glendale	New Berlin	Sun Prairie
Beloit	Green Bay	New Richmond	Superior
Berlin	Greenfield	Oak Creek	Two Rivers
Black River Falls	Janesville	Oconomowoc	Waukesha
Brookfield	Kaukauna	Omro	Waupun
Burlington	Kenosha	Oshkosh	Wausau
Cedarburg	LaCrosse	Osseo	Wauwatosa
Cudahy	Lake Geneva	Racine	West Allis
Delafield	Madison	Rhineland	West Bend
Eau Claire	Marshfield	Ripon	Wisconsin Rapids
Elkhorn			

VILLAGES

Big Bend	Fredonia	Johnson Creek	Twin Lakes
Dousman	Grafton	Paddock Lake	Walworth
Dresser	Hartland	Plover	Waterford
Elm Grove	Hortonville	Port Edwards	Waunakee
Fall Creek	Howard	Silver Lake	West Milwaukee
Fontana	Jackson	Sussex	Whitefish Bay

TOWNS

Bloomfield (Walworth)	Geneva (Walworth)	Linn (Walworth)	Seymour (Eau Claire)
Bristol (Kenosha)	Grand Chute (Outagamie)	Mukwonago (Waukesha)	Sugar Creek (Walworth)
Cottage Grove (Dane)	Grand Rapids (Wood)	Norway (Racine)	Waterford (Racine)
Delavan (Walworth)	Hull (Portage)	Ottawa (Waukesha)	Waukesha (Waukesha)
Farmington (Polk)	LaGrange (Walworth)	Plover (Portage)	Wheatland (Kenosha)



**APPLICATION FOR REVIEW
BUILDINGS, HVAC, AND COMPONENTS**
-Complete all sides-

Safety & Buildings Division
Bureau of Integrated Services

INSTRUCTIONS: Please TYPE or PRINT clearly. Information on this form is important for providing you with timely and efficient scheduling and review of your project. Incomplete submittals cause delays in processing and potentially could result in a rescheduling of your review to a later date. Non-scheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability.	Complete for <u>confirmed</u> appointments: Transaction ID: _____ Previous Related Trans. ID: _____ Appointment Date: _____ Assigned Reviewer: _____ Assigned Office: _____
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NOTE: Personal information you provide may be used for secondary purposes (Privacy Law s. 15.04(1)(m), Stats.)

1. Appointment and Scheduling Information-- when submitted to Commerce for Plan Review
 For submittals needing an appointment made in advance, call any of the full service offices listed below. **PLEASE HAVE THIS FORM COMPLETED PRIOR TO CALLING.** At the time of making an appointment, you may request review for a specific office or desired (beginning) date for review. You may also FAX a completed Application for Submittal and receive a FAX back Appointment Date, Transaction ID No. and Assigned Reviewer. Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment.

Madison S&BD 201 W Washington Ave PO Box 7162 Madison WI 53707-7162 608-266-3151 Fax: 608-261-6699 TDD 608-264-9777 Email: madisonsch@commerce.state.wi.us	Hayward S&BD 15837 USH 63 Hayward WI 54843 715-634-4870 Fax: 715-634-5150 Email: haywardsch@commerce.state.wi.us	LaCrosse S&BD. 2226 Rose St LaCrosse WI 54603 608-785-9334 Fax: 608-785-9330 Email: lacrossesch@commerce.state.wi.us	Shawano S&BD 1340 E Green Bay Shawano WI 54166 715-524-3626 Fax: 715-524-3633 Email: shawanosch@commerce.state.wi.us	Green Bay S&BD 2331 San Luis Place Green Bay, WI 54304 920-492-5601 FAX: 920-492-5604 Email: greenbaysch@commerce.state.wi.us	Waukesha S&BD 401 Pilot Court Waukesha WI 53188 414-548-8600 Fax: 414-548-8614 Email: waukeshasch@commerce.state.wi.us
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Check all that apply: <input type="checkbox"/> Regular review <input type="checkbox"/> Preliminary review <input type="checkbox"/> Petition Attached	After plans are reviewed, please: (check all that apply) <input type="checkbox"/> Call when completed. <input type="checkbox"/> Will pick up. <input type="checkbox"/> Comments: _____ <input type="checkbox"/> Mail plans to customer 1, 2, 3, 4 (circle number). Circle customer number from customer information page.
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2. Site Information

<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Site ID No. _____ Previous Related Site ID No. _____	Legal Description Qtr. _____ Qtr. _____ Sec. _____ T. _____ N R. _____ (circle) E or W _____ Tax parcel no. (contact county) _____
County of _____ Zip+4 (9digits) _____	Gov. Lot with legal description(if applicable) _____ Subdivision Name/Addition _____ Subdivision Lot No. _____
Land Owner Type (check one) <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> Tribal Lands ← ATTACH CHECK HERE	Driving directions to site _____ Facility Name/Tenant Space (Ex.: West Mall/Jim's Shoes) _____ Facility Address (street number and street name/zipcode+4) _____

3. Fees Submitted for Review Request
 See back page for fee calculations. Provide Total Amount Due in the space provided and attach check.

MAKE CHECKS PAYABLE TO COMMERCE.	TOTAL AMOUNT DUE (See Fee Calculation on back of application.) \$ _____ Revenue Code 7648
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Further Information on Reverse Side →

4. Items Submitted for Review

Regulated Objects (former terms) Submitted For Review	FEE	Regulated Object Description
1. Building (<input type="checkbox"/> new, <input type="checkbox"/> addition, <input type="checkbox"/> alteration, <input type="checkbox"/> revision)		
2. HVAC System		
3. Soil Erosion Control		
4. Structural Component		
5. Structure (non-occupied, non- building)		
6. Lighting System		
7. Petition for Variance (attach separate application)		
8. Permission to start (additional \$80 fee)		
Total Fees		← Carry total to front page

SAMPLE

5. Regulated Object Type Details Complete information requested where applicable.

<p>Building</p> <p>Number of Floor Levels _____ Number of Stories _____ Total Floor Area _____ \$f</p> <p>Footings and Foundation only? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Occupancy Type (check all that apply) <input type="checkbox"/> Assembly (Entertainment, Dining, Worship) <input type="checkbox"/> Business/Office <input type="checkbox"/> Educational <input type="checkbox"/> Factory/Industrial <input type="checkbox"/> Mercantile/Retail <input type="checkbox"/> Hazardous/Garage <input type="checkbox"/> Institutional/Daycare/CBRF <input type="checkbox"/> Free Standing Canopy <input type="checkbox"/> Grandstand <input type="checkbox"/> Open Parking Structure <input type="checkbox"/> Mini-Storage</p> <p>Fire Containment (check all that apply) <input type="checkbox"/> Unlimited Area <input type="checkbox"/> Flammable or Combustible Liquids <input type="checkbox"/> Required Area Division Walls</p> <p>Facility Regulated by Other Agency (check all that apply) <input type="checkbox"/> CBRF <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Day Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Hotel/Motel/Restaurant <input type="checkbox"/> Public Swimming Pool <input type="checkbox"/> Other <input type="checkbox"/> None</p>	<p>(Type of Construction) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8</p> <p>Sprinklered Type <input type="checkbox"/> Partial <input type="checkbox"/> Complete <input type="checkbox"/> None <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 231 <input type="checkbox"/> NFPA 231C</p> <p>Component included with this submittal (check all that apply): <input type="checkbox"/> Precast Concrete <input type="checkbox"/> Wood Truss <input type="checkbox"/> Steel Joist Girder <input type="checkbox"/> Metal Building <input type="checkbox"/> Laminated Wood <input type="checkbox"/> Fire Escape <input type="checkbox"/> Interior Bleacher</p> <p>HVAC</p> <p>Submittal includes, Check all that apply. <input type="checkbox"/> Grease/Range Hood <input type="checkbox"/> VAV System <input type="checkbox"/> Boilers <input type="checkbox"/> Seasonal Use Dates From _____ to _____ <input type="checkbox"/> Plenum Ceiling <input type="checkbox"/> Mechanical Refrigeration Over 50 Tons</p> <p>HVAC Fuel Source <input type="checkbox"/> Oil/LPG <input type="checkbox"/> Gas <input type="checkbox"/> Solid <input type="checkbox"/> Electrical</p>	<p>Structure</p> <p>Structure Type <input type="checkbox"/> Antenna Tower <input type="checkbox"/> Tower <input type="checkbox"/> Canopy <input type="checkbox"/> Exterior Bleacher</p> <p>Construction Material (for ILHR 62 only) <input type="checkbox"/> Completely Noncombustible <input type="checkbox"/> Combustible <input type="checkbox"/> Partially Noncombustible <input type="checkbox"/> NC-0 <input type="checkbox"/> NC-2</p> <p>Erosion Control Disturbed Area: _____ acres</p> <p>Site</p> <p>Easements from Others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Site ID (or address) of Others Giving Easements: _____</p> <p>Lighting Light Load in KW _____</p> <p>Lighting Controls <input type="checkbox"/> Day Lighting <input type="checkbox"/> Shut Off <input type="checkbox"/> Light Reduction <input type="checkbox"/> None</p>
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6. Components Submitted Separate from Building

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 reply on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer (Component Submittal)	Date Signed	Name of Component Fabricator
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7. Permission to start requested

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. (Additional \$80.00 Fee)

Owner's Signature _____

8. Statements of (Owner's, Designer's, and Supervising Professional's signatures required below)

- a) **Owners** I request that plans be reviewed for compliance with the code requirements set forth in Chs. ILHR 50-64, 66, and 69 of the department. I recognize that I am responsible for compliance with all the code requirements and any conditions of approval. If this building exceeds 50,000 cubic feet in total volume, I will retain as required by s. ILHR 50.10, a supervising professional through out construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.
- b) **DESIGNERS** (ILHR 50.07-50.09) If this building, following construction of this project, contains more that 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. 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 Division of Safety & Buildings.
- c) **SUPERVISING PROFESSIONALS** (ILHR 50.10) I have been retained by the owner as the supervising professional per ILHR 50.10 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 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.

<p>1) Customer Information</p> <p>Individual (or business contact)</p> <p>_____ (First) Middle Last, Suffix)</p> <p>Customer Type (check all that apply)</p> <p><input type="checkbox"/> Owner/Owner's Agent <input type="checkbox"/> Payer (on check)</p> <p><input type="checkbox"/> Designer <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Supervising Professional <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Other _____</p> <p>Business Name (if applicable)</p> <p>_____ PO Box Zip+4 (9digits)</p> <p>_____ City State</p> <p>Phone Number (area code) <input type="checkbox"/> Work <input type="checkbox"/> Home</p> <p>Fax Number (area code) <input type="checkbox"/> Work <input type="checkbox"/> Home</p> <p>Internet/E-mail Address</p> <p>_____ Signature (if applicable) Customer ID No.</p>	<p>2) Customer Information</p> <p>Individual (or business contact)</p> <p>_____ (First) Middle Last, Suffix)</p> <p>Customer Type (check all that apply)</p> <p><input type="checkbox"/> Owner/Owner's Agent <input type="checkbox"/> Payer (on check)</p> <p><input type="checkbox"/> Designer <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Supervising Professional <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Other _____</p> <p>Business Name (if applicable)</p> <p>_____ PO Box Zip+4 (9digits)</p> <p>_____ City State</p> <p>Phone Number (area code) <input type="checkbox"/> Work <input type="checkbox"/> Home</p> <p>Fax Number (area code) <input type="checkbox"/> Work <input type="checkbox"/> Home</p> <p>Internet/E-mail Address</p> <p>_____ Signature (if applicable) Customer ID No.</p>
<p>3) Customer Information</p> <p>Individual (or business contact)</p> <p>_____ (First) Middle Last, Suffix)</p> <p>Customer Type (check all that apply)</p> <p><input type="checkbox"/> Owner/Owner's Agent <input type="checkbox"/> Payer (on check)</p> <p><input type="checkbox"/> Designer <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Supervising Professional <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Other _____</p> <p>Business Name (if applicable)</p> <p>_____ PO Box Zip+4 (9digits)</p> <p>_____ City State</p> <p>Phone Number (area code) <input type="checkbox"/> Work <input type="checkbox"/> Home</p> <p>Fax Number (area code) <input type="checkbox"/> Work <input type="checkbox"/> Home</p> <p>Internet/E-mail Address</p> <p>_____ Signature (if applicable) Customer ID No.</p>	<p>4.) Customer Information</p> <p>Individual (or business contact)</p> <p>_____ (First) Middle Last, Suffix)</p> <p>Customer Type (check all that apply)</p> <p><input type="checkbox"/> Owner/Owner's Agent <input type="checkbox"/> Payer (on check)</p> <p><input type="checkbox"/> Designer <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Supervising Professional <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting</p> <p><input type="checkbox"/> Other _____</p> <p>Business Name (if applicable)</p> <p>_____ PO Box Zip+4 (9digits)</p> <p>_____ City State</p> <p>Phone Number (area code) <input type="checkbox"/> Work <input type="checkbox"/> Home</p> <p>Fax Number (area code) <input type="checkbox"/> Work <input type="checkbox"/> Home</p> <p>Internet/E-mail Address</p> <p>_____ Signature (if applicable) Customer ID No.</p>

SAMPLE

Buildings, HVAC, Lighting Compliance Statement

This form is required to be submitted by the supervising professional (architect, engineer, HVAC designer or electrical designer) observing construction of projects within buildings with total areas exceeding 50,000 cubic feet and construction of antennas, towers, and bleachers (ILHR 50.10). Failure to submit this form may result in penalties as specified in ILHR 50.26 and/or local ordinances.

General Instructions: Prior to the initial occupancy of new buildings or additions and the final occupancy of altered existing buildings, submit this completed and signed form to:

- The municipal building inspection office and
- Safety and Buildings, P.O. Box 7162, Madison, WI 53707-7162

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

1. PROJECT INFORMATION: Please fill in the following with information from your plan approval letter.

Transaction ID Number _____

Site Number _____

Site location (number & street) _____

City Village Town of _____ County of _____

SAMPLE

2. PURPOSE OF THIS STATEMENT: (Check Box A, B, C, or D to indicate purpose and complete any other applicable boxes and information. Attach additional pages if necessary.)

Check those which apply: Building Object ID # _____ HVAC Object ID # _____
 Lighting Object ID # _____

Partial Completion _____
Description of Portion Completed _____

A) Statement of Substantial Compliance

To the best of my knowledge, belief, and based on onsite observation, construction of the following building and/or HVAC items applicable to this project have been completed in substantial compliance with the approved plans and specifications.

BUILDING ITEMS

1. Structural system including submittal and erection of all building components (trusses, precast, metal building, etc.)
2. Fire protection systems (sprinklers, alarms, smoke detectors) designed, installed, and tested (including forward flow on back flow devices) by appropriately registered professionals
3. Shaft and stairway enclosure
4. Exits including exit and directional lights
5. Fire-resistive construction, enclosure of hazards, fire walls, labeled doors, class of construction
6. Sanitation system (toilets, sinks, drinking facilities)
7. Barrier-free including Comm 18 elevators and lifts
8. ILHR 63 energy envelope
9. All conditions of building plan approval and applicable variances

HVAC ITEMS

1. HVAC system including final test (ILHR 64.53)
2. All conditions of HVAC plan approval and applicable variances

LIGHTING ITEMS

1. Exterior lighting & control requirements
2. Interior lighting & control requirements
3. All conditions of lighting plan approval and applicable variances

The following items are not in compliance and must be addressed: _____

B) Statement of Noncompliance

Due to the following listed violations, this project is not ready for occupancy: _____

C) Supervising Professional Withdrawn From Project (Use A or B above to indicate project status as of this date.)

D) Project Abandoned

3. SUPERVISING PROFESSIONAL SIGNATURE FOR:

Building HVAC Lighting _____ Date _____
Name (please print or type)

Phone number _____ Customer ID # _____ Signature _____

9. Certified Agent Municipalities Authorized by the State to Conduct Plan Review

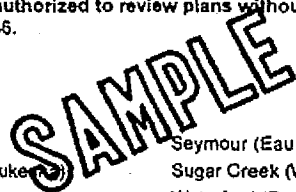
Per s. COMM/LHR 50.21, the following municipalities have been certified to review plans for new buildings containing less than 5,000 sq. ft., total area; additions to existing buildings where the total area after construction of the addition is less than 5,000 sq. ft.; and alterations to existing buildings where the area of altered space is less than 10,000 sq.ft. If your project is located within the limits of a listed municipality, and meets the size criteria, then contact the municipality involved. Municipalities marked with an asterisk (*) have been authorized to review plans without limit on size of project or building. For information regarding the current status of a municipality, call 608-267-7585.

COUNTIES

Eau Claire

TOWNS (County Location)

Bloomfield (Walworth)	Geneva (Walworth)	Linn (Walworth)	Seymour (Eau Claire)
Bristol (Kenosha)	Grand Chute (Outagamie)	Mukwonago (Waukesha)	Sugar Creek (Walworth)
Cottage Grove (Dane)	Grand Rapids (Wood)	Norway (Racine)	Waterford (Racine)
Delavan (Walworth)	Hull (Portage)	Ottawa (Waukesha)	Waukesha (Waukesha)
Farmington (Polk)	LaGrange (Walworth)	Plover (Portage)	Wheatland (Kenosha)



CITIES & VILLAGES

Altoona	Deltafield	Fredonia	Kenosha	Oak Creek	Seymour	Waunakee
Antigo	Dousman	Glendale	La Crosse	Oconomowoc	Sheboygan	Waupun
Appleton	Dresser	Grafton	Lake Geneva	Omro	Silver Lake	Wausau
Augusta	Eau Claire	Green Bay	Madison*	Osceola	Stevens Point	Wauwatosa
Beloit	Elkhorn	Greenfield	Marshfield	Oshkosh	Sturgeon Bay	West Allis
Berlin	Elm Grove	Hartland	Mequon	Osseo	Sun Prairie	West Bend
Big Bend	Fall Creek	Hortonville	Middleton	Paddock Lake	Superior	West Milwaukee
Black River Falls	Fitchburg	Howard	Milwaukee*	Plover	Sussex	Weyauwega
Brookfield	Fond du Lac	Janesville*	Monroe	Port Edwards	Twin Lakes	Whitefish Bay
Burlington	Fontana	Jackson	Muskego	Racine	Walworth	Wis. Rapids
Cedarburg	Fort Atkinson	Johnson Creek	New Berlin	Rhineland	Waterford	
Cudahy	Franklin	Kaukauna	New Richmond	Ripon	Waukesha	

10. Fee Calculation Instructions

FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE

Effective January 1, 1998

1. **Building, heating and ventilation, lighting 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 COMM 2.31-1 or Table 2.31-2.

AREA: The area of a building 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 roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total gross floor area is the summation of all the floor levels, including mezzanines.

Note: COMM 2 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

Area (sq ft)	Table COMM 2.31-1: For Projects Not Located in Certified Municipalities			Table COMM 2.31-2: For Projects Located in Certified Municipalities		
	Building and HVAC	Building ONLY	HVAC OR Lighting Only	Building and HVAC	Building ONLY	HVAC OR Lighting Only
Less than 2,500	\$ 320	\$ 270	\$ 190	\$ 290	\$ 240	\$ 170
2,501 - 5,000	430	320	240	390	290	220
5,001 - 10,000	580	480	270	520	430	240
10,001 - 20,000	900	630	370	810	570	330
20,001 - 30,000	1,280	900	480	1,150	810	430
30,001 - 40,000	1,690	1,220	690	1,530	1,100	630
40,001 - 50,000	2,280	1,590	900	2,060	1,440	810
50,001 - 75,000	3,080	2,120	1,220	2,780	1,910	1,100
75,001 - 100,000	3,880	2,600	1,690	3,500	2,350	1,530
100,001 - 200,000	5,940	4,240	2,120	5,350	3,830	1,910
200,001 - 300,000	12,200	7,430	4,700	11,000	6,700	4,310
300,001 - 400,000	17,190	11,140	6,900	15,550	10,050	6,220
400,001 - 500,000	21,220	13,790	9,020	19,140	12,440	8,130
Over 500,000	22,810	14,850	10,080	20,570	13,400	9,090

Note: 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 their first building shall be determined in accordance with the appropriate Table 2.31-1 or 2.31-2 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.

II Miscellaneous Plans	\$250	Miscellaneous plans include: footing & foundation (submitted separately); grandstand; bleacher; exhaust system & spray booth (govt. owned); docks; antennas; observation towers; structural plans submitted as independent projects and other submittals not listed.
Revision to Previously Examined Plan	\$100	No fee if revision requested by plan examiner. Also applies to revisions or re-considerations of previously approved Petitions For Variance.
Permission to Start (Optional)	\$80	Applies only to projects with footings and foundations.
HVAC Equipment Replacement	\$80	Applies only if no duct or piping alterations.
All other types not mentioned elsewhere		Contact any of the full service offices listed.

Wisconsin Department of Industry,
Labor & Human Relations

INSPECTION REPORT AND ORDERS

Safety and Buildings Division
P.O. Box 7969, Madison, WI 53707

An inspection of the occupancy shown below discloses violations of orders of the Dept. of Industry, Labor and Human Relations promulgated under authority of Chapter 101, Wis. Stats. SEE REVERSE SIDE FOR APPLICABLE WISCONSIN STATUTES. Report when orders are completed. Avoid delay. Forfeiture for unresolved violations are \$10.00 to \$100.00 each day for each violation. Keep the Department informed.

"Failure of an employer to reasonably enforce compliance by employees with such statute or order of the Department shall constitute failure by the employer to comply with such statute or order." (s. 102.57, Wis. Stats.)

Inspection Date	Plan/Report Number	File Number	Page
		Inspection Type	
		Located At (number and street address)	
		City	County
		Violations Explained To	
		Compliance Date	

Note	Item	Orders and Requirements	✓ Done	X Not Done
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SAMPLE

Deputy Name	Deputy's Office Hours and Telephone Number
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SBD-2 (R. 09/90)

Safety and Buildings Division
Bureau of Integrated Services

PETITION FOR VARIANCE APPLICATION

Dept. Use Only
Plan No. _____
Amount Paid _____

Page 1 of _____

PLEASE TYPE OR PRINT CLEARLY - Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

1. Owner Information		2. Project Information		3. Designer Information	
Name		Building Occupancy Chapter(s) and Use		Designer	Registration No.
Company Name		Tenant Name (if any)		Design Firm	
Number and Street		Building Location (number and street)		Number and Street	
City, State, Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of		City, State, Zip Code	
Contact Person		County of		Contact Person	
Telephone Number () ()	FAX Number () ()	Property ID # (tax parcel # - contact county)		Telephone Number () ()	FAX Number () ()

SAMPLE

4. Plan Review Status

<input type="checkbox"/> On hold	<input type="checkbox"/> Already built
<input type="checkbox"/> Preliminary design	<input type="checkbox"/> Built according to older code but must be brought into compliance with current code
<input type="checkbox"/> State <input type="checkbox"/> Municipality	<input type="checkbox"/> Approved, requesting revision
<input type="checkbox"/> Submitted with petition	<input type="checkbox"/> Plan will be submitted after petition determination
<input type="checkbox"/> Other	

Plan Number _____

5. State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.

6. Reason why compliance with the code cannot be attained without the variance.

7. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.

8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE (See Section ILHR 2.52 for complete fee information)
 Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition for Variance Application.

_____, being duly sworn, I state as petitioner that I have read the foregoing petition and I believe it is true and that I have significant ownership rights to the subject building or project.

Petitioner's Name (type or print)	Petitioner's Signature	Subscribed and sworn to before me this date	Notary Public	My commission expires on
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Complete other side for variance requests from ILHR 20-25 and ILHR 50-64

Owner's Name	Project Location	Plan Number
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Page 2 of _____

Fire Department Position Statement

To be completed for variances requested from ILHR 50-64, ILHR 69, ILHR 10, and other fire related requirements.

I have read the application for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

SAMPLE

Fire Department Name and Address	
Name of Fire Chief or Designee (type or print)	Telephone Number
Signature of Fire Chief or Designee	Date Signed

MUNICIPAL BUILDING INSPECTION RECOMMENDATION

To be completed for variances requested from ILHR 20-23. Also to be used if ILHR 50-64 plan review is by municipality or orders are written on the building under construction; optional in other cases.

I have read the application for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment

Explanation for recommendation including any conflicts with local rules and regulations and suggested conditions:

Municipality Exercising Jurisdiction	
Name and Address of Municipal Official (type or print)	Telephone Number of Enforcement Official
Signature of Municipal Enforcement Official	Date Signed

Wisconsin Department of Industry
Labor & Human Relations

INSPECTION PROGRESS REPORT

Safety and Buildings Division
P.O. Box 7969, Madison, WI 53707

RE:	File Number	Plan No.
	E-	
	Inspection Date:	Person Contacted
	No. 1.	
	2.	
	3.	
	Bldg. Final	
	H & V Final	
Other Final		
TO:	Compliance Date:	
	Office Instruction (Check one):	
	<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Process SB-2 <input type="checkbox"/> Violations explained to owner	
	Supervisory Review	

INSPECTION				INSPECTION FINDINGS
1	2	3	Final	
<input checked="" type="checkbox"/> Order Corrected <input type="checkbox"/> Order Not Corrected				Items listed below should be corrected before the next inspection or final inspection. These items are violations of the Building Code sections noted.
				<h1 style="transform: rotate(-15deg); opacity: 0.5;">SAMPLE</h1>

Owner's Name and Address (if different from above):	Deputy's Name:
	Deputy's Signature:
	Deputy's Office Hours and Telephone Number:

Site Info

Subdivision _____
 Lot No. _____ Block No. _____
 Zoning District _____
 ___ 1/4, ___ 1/4, SEC __, T __, N, R __ E or W
 Parcel No. _____
 Setbacks:
 Front Yard _____ feet
 Rear Yard _____ feet
 Left Yard _____ feet
 Right Yard _____ feet

Inspection			
Phase	RGH	FNL	Ero-sion
Footing			
Foundation			
Bsmt. Drain Tiles			
Construction			
Plumbing			
Heat/Vent/AC			
Electrical			
Insulation			
Occupancy			

NOTICE OF NONCOMPLIANCE
 This issuing jurisdiction shall notify the applicant in writing of any violations to be corrected. All cited violations shall be corrected within 30 days after notification, unless extension time is granted.

The issuing jurisdiction may require this card to be posted until the final inspection has been made. This permit will expire 24 months after the date of issuance if the building's exterior has not been completed.

WISCONSIN UNIFORM MULTIFAMILY BUILDING PERMIT # _____

Project: _____

Issued to	Owner (Agent)
	Building Site Address
	City, Village, Town, County

SAMPLE

Issued by	Person Issuing	Cert. No.
	Date Issued	Telephone Number

Comments: _____

A-66.42 (3) Example to determine total aggregate exit width.

5	300	
4	400	
3	500	
2	200	
1	600	
B ₁		Grade
B ₂	300	100
B ₃	400	

Type No. 1 sprinklered construction.

Aggregate exit width required from a floor into the stairwell is 30 inches per 100 people on that floor; i.e.,

5th floor to stairwell = $3 \times 30 = 90''$

4th floor to stairwell = $4 \times 30 = 120''$

3rd floor to stairwell = $5 \times 30 = 150''$

etc.

Total stair width required:

5th to 4th — 300 persons (100%) $\times 30''/100$ persons = $90''$

4th to 3rd — [400 persons (100%) + 300 persons (50%)] $30''/100$ persons = $165''$

3rd to 2nd — [500 persons (100%) + 400 persons (50%) + 300 persons (25%)] $30''/100$ persons = $232.5''$

2nd to 1st — [200 persons (100%) + 500 persons (50%) + 400 persons (25%)] $30''/100$ persons = $165''$ (Use $232.5''$)

1st to exterior — [600 persons (100%) + (200 persons + 100 persons) (50%) + (500 persons + 300 persons) (25%)] $30''/100$ persons = $285''$

B₁ to 1st — [100 persons (100%) + 300 persons (50%) + 400 persons (25%)] $30''/100$ persons = $105''$ (Use $150''$)

B₂ to B₁ — [(300 persons (100%) + 400 persons (50%)] $30''/100$ persons = $150''$

B₃ to B₂ — 400 persons (100%) $\times 30''/100$ persons = $120''$

Stair width required from B₁ to 1 is $150''$ as stair cannot decrease in width along path to exit (ILHR 66.38 (3) (b)).

Mathematics - Algebra

1. Simplify the expression: $3x^2 + 5x - 2x^2 + 7$

Answer: $x^2 + 5x + 7$

2. Solve the equation: $2x + 3 = 7$

Answer: $x = 2$

3. Factorize the expression: $x^2 - 5x + 6$

Answer: $(x - 2)(x - 3)$

4. Find the area of a rectangle with length 8 cm and width 5 cm.

Answer: 40 cm^2

5. Calculate the perimeter of a square with side length 4 cm.

Answer: 16 cm

Mathematics - Geometry

1. A triangle has two equal sides and a base of 10 cm. Find the length of the other two sides.

Answer: 13 cm

2. The area of a circle is 154 cm^2 . Find the radius of the circle.

Answer: 7 cm

3. A right-angled triangle has a hypotenuse of 13 cm and one leg of 5 cm. Find the length of the other leg.

Answer: 12 cm

4. The perimeter of a square is 40 cm. Find the area of the square.

Answer: 100 cm^2

5. A rectangle has a length of 12 cm and a width of 8 cm. Find the diagonal of the rectangle.

Answer: 17 cm

6. The area of a triangle is 36 cm^2 and its base is 9 cm. Find the height of the triangle.

Answer: 9 cm

7. A circle has a circumference of 44 cm . Find the radius of the circle.

Answer: 7 cm

8. The perimeter of a rectangle is 60 cm and its length is 20 cm. Find the width of the rectangle.

Answer: 10 cm