

## Chapter ILHR 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-66.09 to 66.42 Forms.** The forms on the following 9 pages (SBD-2, SBDB-118, SBDB-198, SBD-224, SBDB-9720, SBD-9886, and SBD-9890) are referred to in ss. ILHR 66.23 (2); 66.12 (1), 66.15, 66.17 (1) (a), and 66.18 (1) (a); 66.18 (1) (d); 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 7969, 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. ILHR 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

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

## VILLAGES

Big Bend	Fontana	Paddock Lake	Twin Lakes
Clinton	Grafton	Plover	Walworth
Dousman	Hartland	Port Edwards	Waterford
Elm Grove	Hortonville	Silver Lake	West Milwaukee
Fall Creek	Johnson Creek	Sussex	

## TOWNS

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

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	

Notes	Item	Orders and Requirements	✓ Done	X Not Done

**SAMPLE**

Deputy Name	Deputy's Office Hours and Telephone Number
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SBD-2 (R. 06/90)



ILHR 66 Appendix A

12. 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

13. 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 Compliance Statement by the supervising professional prior to occupancy.

Owner's Signature: \_\_\_\_\_ Name & Title \_\_\_\_\_  
Original Print

14. 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 Fabricator	

15. 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  
1340 E. Green Bay Street  
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

The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

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.**

The information you provide may be used by other government agency programs [Privacy Law, s. 14.04 (1)(m)]

**HAYWARD OFFICE**  
209 W. 1st Street  
Rt. 8, 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**  
1340 E. Green Bay Street  
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

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.

We understand that no detailed review, other than for compliance with ILHR 50.12 or 50.13, will be conducted by the Department at this time.

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)).

We understand that if this project will disturb 5 or more acres of land, an Erosion Control Notice of Intent per ILHR 50.115 shall be filed with the Department.

Owner's Signature: \_\_\_\_\_  
(Original Signature in Ink)

Date Signed: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Designer's Signature: \_\_\_\_\_  
(Original Signature in Ink)

Date Signed: \_\_\_\_\_

Designer's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department Action:  Approved  Not Approved

Review Comments:



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):	Supervisory Review
	<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Process SB-2 <input type="checkbox"/> Violations explained to owner	

INSPECTION				INSPECTION FINDINGS
1	2	3	Final	
✓ Order Corrected X 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.
<p style="font-size: 48px; opacity: 0.5; transform: rotate(-15deg);">SAMPLE</p>				

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

## Compliance Statement

This form is required to be submitted by the architect, engineer, or HVAC designer (supervising professional) observing construction of projects within buildings with total volumes 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
- DILHR, Safety and Buildings, P.O. Box 7969, Madison, WI 53707

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

**1. PROJECT INFORMATION:** (Use the DILHR or municipal project label, or type or print the information. If label is used, no additional entry is needed on part 1.)

	Owner Information	Project Information
L A B E L  H E R E	Name	Building Occupancy Chapter(s) & Use
	Company Name	Tenant Name (if any)
	Number and Street	Building Location (number & street)
	City	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of
	State and Zip Code	County of
	Plan or Reference Number	Property Identification Number
	Name and Registration Number of the Building Supervising Professional	Name and Registration Number of the HVAC Supervising Professional

**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.)

- Building and HVAC     
  Building Only     
  HVAC Only  
 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
4. Shaft and stairway enclosures
3. 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. ILHR barrier free requirements
8. 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

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)  Abandoned**

**3. SUPERVISING PROFESSIONAL SIGNATURES:**

Supervising Professional for:

- BOTH** Bldg & HVAC \_\_\_\_\_ Date \_\_\_\_\_  
 **Bldg. ONLY** \_\_\_\_\_ Date \_\_\_\_\_  
 **HVAC ONLY** \_\_\_\_\_ Date \_\_\_\_\_

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:** \_\_\_\_\_

<b>Issued to</b>	Owner (Agent) _____
	Building Site Address _____
	City, Village, Town, County _____

SAMPLE

<b>Issued by</b>	Person Issuing _____	Cert. No. _____
	Date Issued _____	Telephone Number _____

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The information you provide may be used by other agency programs (Privacy Law, s. 15.04(1)(m)).

**WIS STATS. 101.973**



Wisconsin Department of Industry,  
Labor and Human Relations

Safety & Buildings Division  
201 E. Washington Ave.  
P.O. Box 7969  
Madison, WI 53707  
Telephone: (608) 266-3151

Dept. Use Only
Plan No.
Amount Paid

**Petition For Variance Application**

Page 1 of \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY - The information you provide may be used by other government agency programs (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 #
Company Name		Tenant Name (if any)		Design Firm	
Number and Street		Project Location (number and street)		Number and Street	
City, State and Zip Code		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of		City, State and Zip Code	
Contact Person		County of		Contact Person	
Telephone Number ( )	Fax Number ( )	Prop. ID # (tax parcel # - contact county)		Telephone Number ( )	Fax Number ( )
4. Plan Review Status		<input type="checkbox"/> On hold <input type="checkbox"/> Preliminary design <input type="checkbox"/> Approved, requesting revision <input type="checkbox"/> Submitted with petition <input type="checkbox"/> Already built <input type="checkbox"/> Built according to older code but must be brought into compliance with current code <input type="checkbox"/> Plan will be submitted after petition determination <input type="checkbox"/> Other			
Review By: <input type="checkbox"/> State <input type="checkbox"/> Municipality					
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)	Subscribed and sworn to before me this date	Notary Public	My commission expires on
Petitioner's Signature			

Complete Other Side

SBD-9890 (R. 05/94)



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

5	300
4	400
3	500
2	200
1	600
Grade	
B <sub>1</sub>	100
B <sub>2</sub>	300
B <sub>3</sub>	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.,

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

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

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

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"
- B<sub>1</sub> to 1st - [100 persons (100%) + 300 persons (50%) + 400 persons (25%)] 30"/100 persons = 105" (Use 150")
- B<sub>2</sub> to B<sub>1</sub> - [300 persons (100%) + 400 persons (50%)] 30"/100 persons = 150"
- B<sub>3</sub> to B<sub>2</sub> - 400 persons (100%)  $\times$  30"/100 persons = 120"

Stair width required from B<sub>1</sub> to 1 is 150" as stair cannot decrease in width along path to exit [ILHR 66.38 (3) (b)].