

City of West Allis

APPLICATION FOR REVIEW BUILDINGS AND HVAC

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



Address of Property
for Plan Review _____

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
- Footing & Foundation Plans Only
- Follow Up of a Denial Within 8 Months

b. Objects Submitted for Review as Current Review (check all that apply)

- Building
- HVAC

Other Projects (Stand Alone from above)

- Bleacher
- Canopy
- Kitchen Exhaust Hood
- Membrane Construction
- Rack Supported Storage Building
- Elevated Pedestrian Access

c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):

- Roof Truss
- Floor Truss
- Steel Girder
- Laminated Wood
- Metal Bldg
- Fire Escape
- Precast Plank
- 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)

- A1 A2 A3 A4 A5
- B
- E
- F1 F2
- H1 H2 H3 H4 H5
- I1 I2 I3 I4
- M
- R1 R2 R3 R4
- S1 S2
- 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/ventilated Area: _____ sq ft
Sprinklered/Detector Protected Area: _____ sq ft

Number of Floor Levels _____
Total Building Volume < 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

Date Stamp

Receipt # _____ Accepted by _____

Digital Plans Submitted: Yes / No

4. Project Information – Fill in all known information

Project/Site Name _____
 Tenant name or building designation _____
 Previous Tenant Name _____
 Number & Street _____
 Estimated Cost of Construction \$ _____

5. After plans are reviewed, please call customer # :

1 2 3 4

(circle one #, refers to customer #'s listed below)

Designer Information (Customer 1)		
First Name	Last Name	Customer Number
Company Name _____		
Address _____		
City _____	State _____	Zip+4 (9 digits) _____
Phone Number (area code) _____	E-Mail _____	
Check all applicable		
<input type="checkbox"/> Designer of ___ Bldg ___ HVAC, ___ Other _____		
<input type="checkbox"/> Supervising Professional of ___ Bldg ___ HVAC		
WI Designer Registration # _____	Exp Date _____	

Designer Information (Customer 2)		
First Name	Last Name	Customer Number
Company Name _____		
Address _____		
City _____	State _____	Zip+4 (9 digits) _____
Phone Number (area code) _____	E-Mail _____	
Check all applicable		
<input type="checkbox"/> Designer of ___ Bldg ___ HVAC, ___ Other _____		
<input type="checkbox"/> Supervising Professional of ___ Bldg ___ HVAC		
WI Designer Registration # _____	Exp Date _____	

Property Owner (not lessee) Information (Customer 3)		
First Name	Last Name	Customer Number
Company Name _____		
Address _____		
City _____	State _____	Zip+4 (9 digits) _____
Phone Number (area code) _____	E-Mail _____	

Contact Person (Customer 4)		
First Name	Last Name	Customer Number
Company Name _____		
Address _____		
City _____	State _____	Zip+4 (9 digits) _____
Phone Number (area code) _____	E-Mail _____	

6. Fire Protection

(Note: You are required to submit certain plans to the State for plan review depending on the type of occupancy- Fire suppression and alarm plans are also required for certain occupancies in West Allis. It is important to contact the West Allis Fire Department for these requirements. Their Phone Number is 414-302-8904. Do not submit your fire suppression or fire alarm plans to the West Allis Building Inspection Department.

Check system type as applicable.

Bldg Plans must also include this information to determine allowable Bldg Area / Heights

Submitter Comments or Requests (Optional)

FIRE ALARM

Complete Partial None
 Type: Automatic Detection
 Manual Alarm
 Monitoring Type:
 Central Station
 Remote Supervision
 Proprietary Supervision
 Protected Premises

FIRE SUPPRESSION

Complete Partial None
 Type: Wet Dry Pre-action/Deluge
 Anti-Freeze Manual Wet
NFPA Fire Suppression Standards used
 11 11A 12 13 13R
 13D 13D - MPP 14 15
 16 17 17R 17A 20
 22 24 750 2001
 Other _____

7. Required Signatures

a) SUPERVISING PROFESSIONALS If building will be 50,000 cu ft or greater I have been retained by the owner as the supervising professional 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 notifying the Department as such and indicating the current status of compliance.

Signature

Print

Building HVAC Date _____

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 _____

8. Statements of Owners and Designer

a) **OWNERS Statement** The owner indicated on page 1 requests that plans be reviewed for compliance. 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. Signatures and seals affixed to the plans shall be original.

b) **DESIGNERS Statement** 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. Signatures and seals affixed to the plans shall be original. Lighting plans may instead be designed & submitted by the master electrician installing the system.

9. Fee Calculation Instructions
FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE
Calculate appropriate fee and enter total on Page 3.

- I. **Building, heating and ventilation, fire alarm and suppression plans.** Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration.

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

Area (Square Feet)	Building Plans	HVAC Plans
Less than 2,500	\$200	\$150
2,501 - 5,000	350	250
5,001 - 10,000	600	350
10,001 - 20,000	800	450
20,001 - 30,000	1,200	600
30,001 - 40,000	1,600	900
40,001 - 50,000	2,100	1,200
50,001 - 75,000	2,900	1,600
75,001 - 100,000	3,600	2,200
100,001 - 200,000	6,000	2,900
200,001 - 300,000	10,500	6,700
300,001 - 400,000	15,500	9,800
400,001 - 500,000	18,500	12,000
Over 500,000	20,000	13,500

NOTES:

- A. Minor plan review as determined by Building Inspector or Plan Reviewer - \$50.00.
 B. Lighting Plans and Calculations will be reviewed at no additional cost if submitted with the building plans.

10. 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	_____	=	_____
Total Project Area				=	_____

Compute Total Fee

1. **Building Fee** (from table) \$_____00
2. **HVAC Fee** (from table) \$_____00
3. **Revision to an approved Plan (Minor Revisions \$75; Major Revisions \$150)** \$_____00
4. **Footings/Foundation Early Start (10,000 sq. ft. or less \$100; Greater than 10,000 s.f. \$250)** \$_____00
5. **Subtotal** (Enter this amount as the "Total Amount Due" (line 10) if you are not requesting a "Priority Plan Review".) **\$_____00**
6. **Priority Plan Review – 3 times standard plan review fee; \$500 minimum** Subtotal X 3; or Min. \$500.00
 (Review within 3 business days instead of the typical 8-10 business days)
 For priority review, check the box to the right and multiply line 8 (Subtotal) by 3 – enter total in "Total Amount Due" field
7. **Total Amount Due** - Make check payable to the "City of West Allis" & attach check to page 1

Total Amount Due
\$ _____