



City Of Madison

**Building Plan Approval Application**

Department of Planning & Economic & Community Development  
 Inspection Division  
 215 Martin Luther King Jr. Blvd. Ste. 17  
 P.O. Box 2984 Madison, WI 53701-2984  
 (608) 266-4551

**Instructions:** Fill in all applicable data. Submittal of this plan approval Application form is required with each plan submittal, with a minimum of **two** sets of plans. **SUBMIT PLUMBING PLANS SEPARATELY, ACCOMPANIED BY AN APPLICATION FORM.**

1. Occupancy type		2. Project information		3. Type of submittal		
Check all that apply <input type="checkbox"/> A. Assembly <input type="checkbox"/> B. Business <input type="checkbox"/> E. Education <input type="checkbox"/> F. Factory <input type="checkbox"/> H. Hazardous <input checked="" type="checkbox"/> I. Institutional <input type="checkbox"/> M. Mercantile <input type="checkbox"/> R. Residential <input type="checkbox"/> S. Storage <input type="checkbox"/> U. Utility	Circle sub use A1 A2 A3 A4 A5 school daycare F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 <input checked="" type="checkbox"/> I4 R1 R2 R3 R4 S1 S2	<b>Project Address</b> 2917 International Ln.	<b>Tenant or occupant name</b> Basma Care LLC	<b>Project type</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Alteration level 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Addition <input type="checkbox"/> Repair  <input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Capacity only	<b>Review type</b> <input type="checkbox"/> Foundation only <input checked="" type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Truss <input type="checkbox"/> Precast <input type="checkbox"/> Metal building <input type="checkbox"/> Antenna / Tower	
	<b>Has a building code variance been applied for?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>Variance approval number:</b> _____			

**Brief project description**  
 A TI for an adult daycare facility.

4. Project designer		5. HVAC designer		6. Building owner	
Designer Ryan Schultz	Reg. # A-11197-5	Designer	Reg. #	Company name 2917 Traux LLC	
Design Firm OpeningDesign		Design Firm		Name Arthur Goldner	
Address 17 S Fairchild St, FL 7		Address		Address 2809 Losey Blvd S	
City/state/zip code Madison, WI 53703		City/state/zip code		City/state/zip code LaCrosse WI, 54601	
Contact person Ryan Schultz		Contact person		Contact person Allan McCormick	
Telephone Number (773) 425 6456		Telephone Number ( )		Telephone Number ((608) 782-1982	
email ryan@openingdesign.com		email		email allanmccormick@hotmail.com	

7. Class Of Construction	8. Building information	
<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input checked="" type="checkbox"/> VB	Total stories of building above grade 3	<input checked="" type="checkbox"/> Complete Sprinkler <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> Partial Sprinkler explain:
	Total floor area for each floor work is done on: Floor: 1st Area: 13,333 sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft.	<input type="checkbox"/> Unlimited Area If areas are separated by fire barriers or firewalls give the reason for the separation.

**9. Building permit information**

Building contractor (for building plans) Lake Country Construction Group	HVAC Contractor (for HVAC plans)
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**Estimated Cost:** For alterations do not include HVAC, plumbing, or electrical costs

New/addition: (total) \$	Alteration: (no MEP) \$	New Parking Lot: \$
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**10. Fees:** The area of a new building or addition is the floor area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. The area includes all floor levels such as basements, ground floors, mezzanines, balconies, lofts, garages, all stories, and all roofed over area including porches. The area of alterations includes all areas affected by the alteration on both sides of any new or moved walls. **The minimum fee for any review other than for structural components is \$100.**

**New Buildings and Additions.**

Building	Area	s.f.---	\$0.03/s.f.	\$
HVAC	Area	s.f.---	\$0.02/s.f.	\$

**Alterations to Existing Buildings**

Building	Area	500	s.f.---	\$0.04/s.f.	\$	\$100.00
HVAC (Separate Submittal only)			s.f.---	\$0.03/s.f.	\$	
Structural (Separate Submittal only)				\$50 per component	\$	
Revisions to previously reviewed plans				\$100	\$	
State Administrative Fee (see schedule)					\$	
Other					\$	
<b>Total</b>					\$	\$100.00

<b>For Office Use Only</b>
Date _____
<b>Fees Collected By</b>
<input type="checkbox"/> C/O Req. <input type="checkbox"/> Zoning

When applicable

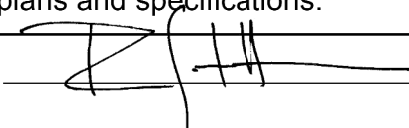
(Round all costs up to nearest whole dollar)

If the total volume of the building is greater than 50,000 cubic feet signatures are required in the proper blanks below and the plans are required to have original seals and signatures by a licensed architect, engineer, or HVAC designer. Per SPS 361.20, 361.31(1) & 361.50 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 or her knowledge to comply with the applicable codes of the Division of Safety and Buildings for this submittal.

**If the total volume of the building is less than 50,000 cubic feet no signatures are required below.** The total volume of the building is:  
 less than 50,000 cubic feet                       50,000 cubic feet or greater

**Supervising Professionals Signature must be included for Buildings greater than 50,000 cubic feet or the submittal will be rejected.**

**11. Supervising Professional's Statement:** I have been retained by the owner as the **supervising professional** per SPS. 361.40 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 City of Madison Neighborhood Preservation Inspection Division 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.

Supervising Professional Signature		( ● ) Building	( ) HVAC	Registration # <u>A-11197-5</u>
Print Name	<u>Ryan Schultz</u>			
Supervising Professional Signature	_____	( ) Building	( ) HVAC	Registration # _____
Print Name	_____			

**12. Designer of record to complete this section only for component submittals such as trusses, precast, and manufactured metal buildings.** Please submit only one set of plans and calculations for components.

The Department of Safety & Professional Services 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. Components include such things as trusses, precast, and manufactured metal buildings.	
<b>Signature of Building Designer of Record</b>	<b>Date Signed</b>
_____	_____