



Application for Review – Buildings, HVAC, Fire and Components – SBD-118

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

This form is for Delegated Agent use only. All plan reviews for DPS must be submitted through the Department's Electronic Safety and Licensing Application (eSLA) system

Enter Previous Trans ID (DIS- or CB- Number), if applicable: If no previous transaction is provided, plan review will be based on the current code, except for revisions. If a previous transaction is entered and the parent building approval transaction has not expired, you may elect below to use the code in effect at the time of that approval for follow-up revision, HVAC, and fire protection submittals related to that building approval. Note that this submittal's approval would then expire no later than the parent building approval. [] Please review under the code in effect at the time of the parent building approval.

PROJECT INFORMATION

Site Number, if known: _____
Project/Site Name: 5950 Seminole Centre Ct - 2nd Floor Common Areas
Tenant Name or Building Designation: Tenant Space 1: Aplin and Ringsmuth LLC, Tenant Space 2: Midwest Audiology
Previous Tenant Name: Aplin and Ringsmuth LLC
Number and Street: 5950 Seminole Centre Ct., Fitchburg, WI 53711
County: Dane City [X] Village [] Town [] of Fitchburg
Designer's Project Number (If Applicable) _____

Identical Buildings - Complete a separate application for each non-identical building
Table with 2 columns: Building/Facility Name/Designation, Building/Facility Address

1. PLAN REIVEW TYPE (check all that apply)

a. Type of Submittal or Service Requested
[] New [X] Alteration – Level [] 1 [X] 2 [] 3
[] Approval Extension [] Revision
[] Permission to Start [] Follow Up of a Denial Within 8 Months
[] Building Shell [] Structural Framework Only
[] Addition/Alteration-Level: [] 1 [] 2 [] 3
[] Footing & Foundation Plans Only
[] Preliminary Consultation (contact reviewer before scheduling or submitting)
[] Multiple Identical Buildings (see box 5)
Number of Buildings: _____

b. Objects Submitted for This Current Review
[X] Building [] HVAC [] Fire Suppression (see box 7) [] Fire Detection/Alarm (see box 7)
Other Projects (stand alone from above)
[] Interior Bleacher [] Canopy [] Membrane Construction [] Rack Supported Storage Building
[] Exterior Bleacher [] Kitchen Exhaust Hood [] Elevated Pedestrian Access

c. Structural Component Plan(s) Which Accompany This Current Review
[] Roof Truss [] Metal Bldg [] Floor Truss [] Precast Plank [] Steel Girder [] Precast Wall [] Laminated Wood

2. OCCUPANCY TYPE (check all that apply) – Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies

[] A Assembly [] A1 [] A2 [] A3 [] A4 [] A5 [] I Institutional/Daycare/CBRF [] I1 [] I2 [] I3 [] I4
[] B Business/Office [X] B [] M Mercantile/Retail [] M
[] E Educational [] E [] R Residential [] R1 [] R2 [] R3 [] R4
[] F Factory/Industrial [] F1 [] F2 [] S Storage [X] S1 [] S2 basement parking
[] H Hazardous [] H1 [] H2 [] H3 [] H4 [] H5 [] U Utility/Misc. [] U

3. CONSTRUCTION INFORMATION (check one) – Construction Class

a. Construction Class (check one)
[] IA [] IB [] IIA [] IIB [] IIIA
[] IIIB [] IV [] VA [X] VB
b. Area
Project area, include all levels: 600 sq ft
If different, Heated/Ventilated Area: _____ sq ft
Sprinklered/Detector Protected Area: _____ sq ft t
Number of Floor Levels: _____
Total Building Volume < 50,000 Cu. Ft. [X] Yes [] No

4. CUSTOMER INFORMATION AND AFTER PLAN REVIEW (check all that apply)

*Refers to customer number from below.

Call Customer No.*: 1 2 3 4

Mail Plans to Customer No.*: 1 2 3 4

Hold plans for pickup by designer designated agent.

Designer (Individual that stamped the plan) – Customer 1

First Time Submitter? Yes No

Customer ID:

Last Name: **Schultz**

First Name: **Ryan**

Company Name: **OpeningDesign**

Street Address: **2042 Barber Dr.**

City: **Stoughton**

Zip: **53589**

Phone Number: **773.425.6456**

Email Address: **ryan@openingdesign.com**

Check all applicable: Designer of Supervising Professional of

- Building
- HVAC
- Fire Alarm
- Fire Suppression

Designer (Individual that stamped the plan) – Customer 2

First Time Submitter? Yes No

Customer ID:

Last Name:

First Name:

Company Name:

Street Address:

City:

Zip:

Phone Number:

Email Address:

Check all applicable: Designer of Supervising Professional of

- Building
- HVAC
- Fire Alarm
- Fire Suppression

Building Owner (not lessee) – Customer 3

Customer ID:

Last Name: **Rudolph**

First Name: **Jim**

Company Name: **JAR Holdings, LLC**

Street Address: **406 Melody Lane**

City: **Verona, WI**

Zip: **53593**

Phone Number: **608-220-3972**

Email Address: **jarudolph@ckmadison.com**

Contact Person or Other (Please Specify) – Customer 4

Relationship to Project:

Customer ID:

Last Name:

First Name:

Company Name:

Street Address:

City:

Zip:

Phone Number:

Email Address:

5. FIRE PROTECTION – Provide the following information on any fire alarm or fire suppression system. If not part of this submittal, they will generally need to be submitted for a separate review. Submit plans for multi-purpose piping (MPP) systems as part of your plumbing plan submittal using the plumbing plan application, SBD-6154

Check System Type – Building plans must also include this information to determine allowable building area/heights.

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

- | | | | | |
|------------------------------|------------------------------------|------------------------------|--|--------------------------------------|
| <input type="checkbox"/> 11 | <input type="checkbox"/> 11A | <input type="checkbox"/> 12 | <input checked="" type="checkbox"/> 13 | <input type="checkbox"/> 13R |
| <input type="checkbox"/> 13D | <input type="checkbox"/> 13D – MPP | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |
| <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | <input type="checkbox"/> 17R | <input type="checkbox"/> 17A | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 22 | <input type="checkbox"/> 24 | <input type="checkbox"/> 750 | <input type="checkbox"/> 2001 | <input type="checkbox"/> Other _____ |

Submitter Comments or Requests (Optional)

6. OTHER POTENTIAL PLAN SUBMITTALS REQUIRED FOR A PROJECT

Visit dps.wi.gov for the following:

- a. Boiler and Pressure Vessels under SPS 341
- b. Plumbing and Private Sewage Systems under SPS 381-385
- c. Mechanical Refrigeration under SPS 345
- d. Elevators or Escalators under SPS 318
- e. There is no required state Electrical review under SPS 316
- f. Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under SPS 390

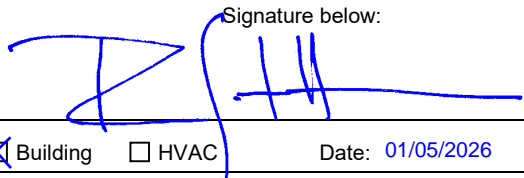
Department of Health Services enforces building code requirements, including plan review, for hospitals and nursing homes. Adult daycare facilities must meet building codes prior to their licensing.

Be aware that state plan review and approval is separate from local permits. Check with the local municipality and county for their requirements.

7. REQUIRED SIGNATURES

a. Supervising Professionals – If building will be 50,000 cu ft or greater (SPS 361.40) I have been retained by the owner as the supervising professional per SPS 361.40 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 plan reviewing agency 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 (SBD-9720) notifying the plan reviewing agency as such and indicating the current status of compliance.

NOTE: Building supervising professional or registered designer is responsible for supervision of the fire suppression/fire alarm installation, if applicable

Signature below: 

Print below:

Ryan Schultz
Credential/License Number: 11197-5

Building HVAC Date: 01/05/2026

Signature below:

Print below:

Building HVAC Date:

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 plan reviewing agency 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

c. Permission to Start (Optional) – Ensure the box under Building Submittal Type on first page is checked.

As the building 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 and make revisions to plans on any changes. I will not permit construction above the foundation until approved plans are on site.

Request is for the following buildings (additional \$75 fee per building): _____

Owner's Signature: _____

Date:

Designer's Signature: _____

Date:

8. STATEMENTS OF OWNERS AND DESIGNERS

a. Owners Statement – The owner indicated on page one requests that plans be reviewed for compliance with the code requirements set forth in SPS 360 to 366 of the Department. 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 [SPS 361.31]. Signatures and seals affixed to the plans shall be original.

b. Designers Statement – (SPS 361.20, 361.31(1), and 361.40): The designer indicated on page one 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 Industry Services Division 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 [SPS 361.31(1)]. Signatures and seals affixed to the plans shall be original.

9. FEE CALCULATION INSTRUCTIONS – Calculate appropriate fee(s) on Page 4 and total on Page 5.

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 and shall be determined in accordance with Table SPS 302.31-1 or Table 302.31-2.

**Table 302.31-1
Plan Review Fees for
Buildings Not Located in Municipalities That Perform Inspections as an agent of the Industry Services Division**

Area (Square Feet)	Building Plans (\$)	HVAC Plans (\$)	Fire Alarm System Plans (\$)	Fire Suppression System Plans (\$)
Less than 2,500	300	180	\$50	\$50
2,500 - 5,000	350	250	100	100
5,001 - 10,000	600	350	150	150
10,001 - 20,000	800	450	200	200
20,001 - 30,000	1,200	600	250	250
30,001 - 40,000	1,600	900	400	400
40,001 - 50,000	2,100	1,200	550	550
50,001 - 75,000	2,900	1,600	800	800
75,001 - 100,000	3,600	2,200	1,100	1,100
100,001 - 200,000	6,000	2,900	1,400	1,400
200,001 - 300,000	10,500	6,700	3,300	3,300
300,001 - 400,000	15,500	9,800	4,800	4,800
400,001 - 500,000	18,500	12,000	6,300	6,300
Over 500,000	20,000	13,500	7,100	7,100

**Table 302.31-2
Plan Review Fees for
Buildings Located in Municipalities that Perform Inspections as an Agent of the Industry Services Division**

This table may be utilized for projects in municipalities that are delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the Department. Reduced fees do not apply to state owned buildings. Check the following lists:

Structural and HVAC: <https://dsps.wi.gov/Documents/Programs/CommercialBuildings/CBDelegatedMuni.pdf>
 Fire Suppression and Fire Alarm: <https://dsps.wi.gov/Documents/Programs/CommercialBuildings/FSFADelegatedMuni.pdf>

Area (Square Feet)	Building Plans (\$)	HVAC Plans (\$)	Fire Alarm System Plans (\$)	Fire Suppression System Plans (\$)
Less than 2,500	250	150	30	30
2,500 - 5,000	300	200	60	60
5,001 - 10,000	500	300	100	100
10,001 - 20,000	700	400	150	150
20,001 - 30,000	1,100	500	200	200
30,001 - 40,000	1,400	800	350	350
40,001 - 50,000	1,900	1,100	500	500
50,001 - 75,000	2,600	1,400	700	700
75,001 - 100,000	3,300	2,000	1,000	1,000
100,001 - 200,000	5,400	2,600	1,200	1,200
200,001 - 300,000	9,500	6,100	3,000	3,000
300,001 - 400,000	14,000	8,800	4,400	4,400
400,001 - 500,000	16,700	10,800	5,600	5,600
Over 500,000	18,000	12,100	6,400	6,400

NOTES:

- a. Plan entry fee of \$100 shall be submitted with each submittal of plans to the Department in addition to the plan review and inspection fees, with the exception of structural component submittals.
- b. 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 and/or heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 302.31-1 or 302.31-2 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.

10. FEE CALCULATION

a. 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		=	<u>600</u>
		X		=	_____
		X		=	_____
		X		=	_____
		X		=	_____
		X		=	_____
Total Project Area		=	_____		

b. Determine Fee Table – Determine the appropriate fee table based on the project location.

c. Compute Total Fee

Building Fee (from table) \$ <u>250</u>	+	No. of additional identical buildings: _____	x	Min. Fee \$ _____	= \$ <u>250</u>
HVAC Fee (from table) \$ _____	+	No. of additional identical buildings: _____	x	Min. Fee \$ _____	= \$ _____
Fire Alarm Fee (from table) \$ _____	+	No. of additional identical buildings: _____	x	Min. Fee \$ _____	= \$ _____
Fire Suppression Fee (from table) \$ _____	+	No. of additional identical buildings: _____	x	Min. Fee \$ _____	= \$ _____
Miscellaneous Fee (plans submitted within 8 months of denial, separate footing/foundation, independent bleacher plans more than 10 feet apart, structural framework, etc)		No. of buildings: _____	x	\$250	= \$ _____
Permission to Start Construction		No. of buildings: _____	x	\$75	= \$ _____
Revision to Previously Approved (But Not Denied) Plans (includes submittal of revised plans, within 30 days, after an additional information/hold action)		No. of buildings: _____	x	\$75	= \$ _____
Additional Number of Plan Sets		No. of plans in excess of 5: _____	x	\$25/set	= \$ _____
Components (trusses, precast, metal bldg, joist girders, etc.) If submitted with a current building project, the minimum \$100 submittal fee has been met. If submitted as a follow up to a previously submitted plan, there is no additional fee. If submitted as a stand-alone project or submitted following final inspection of the building, fee is \$250					= \$ _____
Other					= \$ _____
Submittal Fee (required for each and every separate submittal of choices above with the exception of structural building component submittal)					= \$ <u>100</u>
Requesting Additional Copies of Approved Plan Sets		No. of plan sets: _____	x	\$25	= \$ _____
Plan Extension (\$120)					= \$ _____
Total Amount Due:					\$ <u>350</u>

11. ADDITIONAL INFORMATION

Wis. Admin. Code and other technical questions can be emailed to:

Structural and HVAC: DspsSbBuildingTech@wisconsin.gov

Fire Suppression and Fire Alarm: DspsSbFireProtech@wisconsin.gov

Commercial Building Inspections: DspsSbInspectionSupport@wisconsin.gov