

**CITY OF WATERTOWN  
BUILDING SAFETY & ZONING DEPARTMENT**

106 JONES STREET  
WATERTOWN WI 53094  
PHONE # 920-262-4060 - 920-262-4061  
FAX # 920-262-4058

APPLICATION FOR REVIEW  
BUILDINGS, HVAC, AND COMPONENTS

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.

**NOTE:** Personal information you provide may be used for secondary purposes (Privacy Law s. 15.04 (1)(m) Wis. Stats.

<b>APPOINTMENTS &amp; SCHEDULING INFORMATION - <u>When submitted for Plan Review</u></b>		
For submittals needing an appointment made in advance, call the office. PLEASE HAVE THIS FORM COMPLETED PRIOR TO CALLING. At the time of making an appointment, you may request a date for review. You may also FAX a completed Application for Submittal and receive a FAX back appointment Date. Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment.		
<b>Check all that apply:</b>		
<input type="checkbox"/> Regular review <input type="checkbox"/> Preliminary review <input type="checkbox"/> Petition attached		
<b>Site Information</b>	<b>Legal Description</b>	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of		
<b>Parcel Number:</b>		
<b>County of :</b>	<b>Subdivision:</b>	<b>Lot #:</b>
<input type="checkbox"/> Jefferson or <input type="checkbox"/> Dodge		
<b>Land Owner Type:</b>	<b>Owner/Tenant Name:</b>	
<input type="checkbox"/> Municipal <input type="checkbox"/> Private <input type="checkbox"/> State		
<input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Tribal Lands		
<b>Address:</b>		
<b>MAKE CHECKS PAYABLE TO :</b>	<b>TOTAL AMOUNT DUE</b>	
<b>THE CITY OF WATERTOWN</b>	\$ _____	
(See Fee Calculation on back of application.)		

**City of Watertown  
Application for Review**

-Complete all pages-

<b>1. Review requested</b> Type: Building HVAC/Smoke Control Fire Detection / Alarm Footing Foundation Only Permission to start Preliminary Consultation Structure – Canopy Framing Erosion Control Lighting Other  Structural component plans which accompany this submittal (check all that apply).  Roof truss      Metal Building Floor truss      Fire Escape Structural Steel    Precast wall Laminated wood Precast plank  Type of Submittal: New Addition Revision Structural component only Alteration; if tenant alteration, indicate previous tenant name:  _____  Petition w/plan submittal (attach form SBD-9890) Multiple identical buildings Number of buildings _____	<b>2. Occupancy Type</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Major Use – Check Use With the Greatest Floor Area</b></td> <td style="width:50%;"><b>Sub Uses – Circle Uses In this Building</b></td> </tr> <tr> <td>A Assembly</td> <td>A1 A2 A3 A4 A5</td> </tr> <tr> <td>B Business/Office</td> <td>B</td> </tr> <tr> <td>E Educational</td> <td>E</td> </tr> <tr> <td>F Factory/Industrial</td> <td>F1 F2</td> </tr> <tr> <td>H Hazardous</td> <td>H1 H2 H3 H4</td> </tr> <tr> <td>H5</td> <td></td> </tr> <tr> <td>I Institutional/Daycare/CBRF</td> <td>I1 I2 I3 I4</td> </tr> <tr> <td>M Mercantile/Retail</td> <td>M</td> </tr> <tr> <td>R Residential</td> <td>R1 R2 R3 R4</td> </tr> <tr> <td>S Storage</td> <td>S1 S2</td> </tr> <tr> <td>U Utility/Misc.</td> <td>U</td> </tr> </table> Special Construction  Membrane Construction Free Standing Canopy Pedestrian Access Structure Historical Building – Review per Comm 70 Bleacher    Interior                      Exterior	<b>Major Use – Check Use With the Greatest Floor Area</b>	<b>Sub Uses – Circle Uses In this Building</b>	A Assembly	A1 A2 A3 A4 A5	B Business/Office	B	E Educational	E	F Factory/Industrial	F1 F2	H Hazardous	H1 H2 H3 H4	H5		I Institutional/Daycare/CBRF	I1 I2 I3 I4	M Mercantile/Retail	M	R Residential	R1 R2 R3 R4	S Storage	S1 S2	U Utility/Misc.	U	<b>2. Construction Information</b>  <table style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="6">Construction Class</th> </tr> <tr> <td style="width:16.6%;">IA</td> <td style="width:16.6%;">IB</td> <td style="width:16.6%;">IIA</td> <td style="width:16.6%;">IIB</td> <td style="width:16.6%;"></td> <td style="width:16.6%;"></td> </tr> <tr> <td>IIIA</td> <td>IIIB</td> <td>IV</td> <td>VA</td> <td>VB</td> <td></td> </tr> </table> _____ Number of areas separated by fire barriers and/or firewalls.  Area (project area, include all levels) _____ sq. ft.  Number of floor levels _____  Total Building Volume is :  Less than 50,000 Cu. Ft. 50,000 Cu. Ft. or greater	Construction Class						IA	IB	IIA	IIB			IIIA	IIIB	IV	VA	VB	
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<b>4. Project Information – Fill in all known information</b>  Project/Site name _____  Tenant number or building designation: _____  Previous Tenant Name: _____  Address: _____  County: <u>Jefferson</u> <u>Dodge</u>		Site Number: _____																																										
<b>5. After plans are reviewed please: (check all that apply)</b> Call customer 1, 2, 3 (circle)                      Mail plans to customer 1, 2,3 (circle) Hold plans for pick up by designer or agent																																												
<b>6. Complete the following customer information.</b> Utilize the check boxes when designer, owner or supervising professional is the same to avoid repeating information. Attach additional copy of this page if there are more customers.																																												
<b>Designer Information (Customer 1)</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">First Name</td> <td style="width:33%;">Last Name</td> <td style="width:33%;">Customer #</td> </tr> </table> Company Name  Address  City                      State                      Zip  Phone # (area code)      Fax #                      E-mail		First Name	Last Name	Customer #	<b>Mail to Party (if different than designer (Customer 3))</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">First Name</td> <td style="width:33%;">Last Name</td> <td style="width:33%;">Customer #</td> </tr> </table> Company Name  Address  City                      State                      Zip  Phone # (area code)      Fax #                      E-mail		First Name	Last Name	Customer #																																			
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Check others if applicable Designer of ___Bldg ___HVAC ___ Fire Alarm ___ Fire Suppression Supervising Professional A/E # _____ of ___ Bldg ___ HVAC ___ Fire Alarm ___ Fire Suppression		Check others if applicable Designer of ___Bldg ___HVAC ___ Fire Alarm ___ Fire Suppression Supervising Professional A/E # _____ of ___ Bldg ___ HVAC ___ Fire Alarm ___ Fire Suppression																																										
<b>Owner Information (Customer 2)</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">First Name</td> <td style="width:33%;">Last Name</td> <td style="width:33%;">Customer #</td> </tr> </table> Company Name  Address  City                      State                      Zip		First Name	Last Name	Customer #	Phone # (area code)      Fax #                      E-mail																																							
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7. Fire Protection	8. HVAC Information	9. Other Related Features																								
<p><i>Fire suppression and alarm plans for only certain occupancies are required. See building approval letter or contact us for requirements. When required, the plans for fire sprinkler, fire detection, and fire alarm must be submitted to the office indicated on your building plan approval letter. Please include the original building transaction number on the second line of page 1, lower box.</i></p> <p><b>Fire Alarm :</b> complete Partial None  <b>Type:</b> Auto. detection Manual Alarm  <b>Monitoring Type:</b>  Central Station Proprietary Supervision  Remote Supervision Protected Premises</p> <p><b>Fire Suppression:</b> Complete Partial None  <b>Type:</b> Wet Dry Pre-action/Deluge  Anti-Freeze Manual Wet</p> <p><b>Monitoring Type:</b>  Central Station Proprietary Supervision  Remote Supervision Protected Premises</p> <p><b>NFPA Fire Suppression Standards Used</b></p> <table border="0"> <tr> <td>11</td> <td>11A</td> <td>12</td> <td>12A</td> <td>13</td> <td>13R</td> </tr> <tr> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>17A</td> <td>20</td> </tr> <tr> <td>22</td> <td>24</td> <td>750</td> <td>2001</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td colspan="5">_____</td> </tr> </table>	11	11A	12	12A	13	13R	14	15	16	17	17A	20	22	24	750	2001			Other	_____					<p><b>NOTE:</b> HVAC, component submittals and tenant alteration plans must be sent to the same office as the building submittal.</p> <p>Boiler  Mechanical Refrigeration  Equal to or greater than 50 Tons. <u>Regular Refrigerants</u>  and/or 10 Tons Flammable or Toxic Type <u>Refrigerants</u></p> <p>Grease Hood  VAV System  Seasonal Use  Plenum Ceiling  Smoke Detection  Fire Place</p>	<p><i>Please check the element(s) below that will be included in this submittal. Note that requirements in these related codes may need to be incorporated into your design. Additional submittals may be required for checked elements.</i></p> <p>Elevator (see COMM 18)  Swimming Pool (see COMM 40)  MSDS Sheets  Worksheets</p>
11	11A	12	12A	13	13R																					
14	15	16	17	17A	20																					
22	24	750	2001																							
Other	_____																									

10. Required Signatures

a. **Supervising Professionals** If building will be 50,000 cu. ft. or greater (COMM 61.50) I have been retained by the owner as the supervising professional per Comm 61.50 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 notify the local Building Department for a final inspection and file with that department a compliance statement. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the Department as such and indicating the current status of compliance.

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 (Component Submittal)	Date Signed	Name of component fabricator

c. Optional Service-Permission to start requested – Be sure to check box under Building Submittal Type on front page. As the owner, I request to beginning 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. I understand that erosion control plans shall be prepared and a Notice of Intent form SBD-10376 filed with the Department, prior to earth moving activities that involve more than 5 acres in area. The owner will not permit construction above the foundation until approved plans are at the site.

(Additional \$50.00 Fee per building) Request is for the following buildings: \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Statements of Owners and Designer

a. Owners statement. The owner indicated on page 1 requests that plans be reviewed for compliance with the code requirements set forth in Chapters Comm 61 to 65 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 (Comm 61.31) Signatures and seals affixed to the plans shall be original.

b. Designers statement. (Comm 61.20, 61.31 (1) and 61.50) 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/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 require to be prepared, signed, sealed and dated by a Wisconsin registered engineer, architect, or designer (Comm 61.31 (1)). Signatures and seals affixed to the plans shall be original.

Plan Approval Fees. Fees for building plans, heating & ventilation, plans and illumination plans for buildings up to 50,000 cubic feet shall be as follows:

<b>AREA ( In square feet)</b>	<b>BUILDING PLANS ONLY</b>	<b>BUILDING &amp; HVAC</b>	<b>HVAC OR ILLUMINATION PLANS</b>
Less than 2,500	\$ 250.00	\$ 300.00	\$ 180.00
2,501 - 5,000	\$ 300.00	\$ 400.00	\$ 230.00
5, 001 - 10,000	\$ 440.00	\$ 530.00	\$ 250.00
10,001 - 20,000	\$ 580.00	\$ 820.00	\$ 340.00
20,001 - 30,000	\$ 820.00	\$ 1,160.00	\$ 440.00
30,001 - 40,000	\$ 1,110.00	\$ 1,540.00	\$ 640.00
Inspection only (plans approved by Dept. of Commerce)	\$ 105.00 Fee	\$ 105.00 Fee	\$ 105.00 Fee

**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 canopies on the building wall. Total gross floor area is the summation of all the floor levels, including mezzanines.