

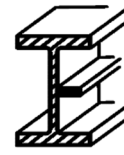


City of Greenfield

Application for Building & HVAC Plan Review

-Complete all pages-

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



E-PLAN EXAM

For submission of Building and HVAC plans, applicants may submit all required plans and documents at City of Greenfield City Hall located at 7325 W Forest Home Avenue or may make arrangements to submit plans electronically. Please note, in either format paper or electronic, fees must be made payable to the **"E-Plan Exam"**. For more information regarding fee payments and payment options or any general questions, please contact the City of Greenfield Inspection Services Division at (414) 329-5330. **This form must be used for the submission of all Building and HVAC projects requiring plan review.**

Project Information – Fill in all known information

Project/Site Name:	
Tenant Name or Building Designation:	
Previous Tenant Name:	
Number and Street:	

County: **Milwaukee** Municipality: **City of Greenfield**

Identical Buildings (NOTE: Complete a separate application for each non-identical building) (Add additional Sheets if Required)

Building/Facility Name/Designation	Building/Facility Address

Designer's Project Number (If Applicable): _____

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 to previously approved plans
 Footing & Foundation Plans Only
 Permission to Start
 Follow Up of a Denial Within 8 Months
 Preliminary Consultation (contact reviewer before submitting)
 Structural Framework Only
 Building Shell
 Other: _____
 Multiple Identical Buildings - **Number of Buildings:** _____

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

Building
 HVAC

Other Projects (Stand Alone from above)

Bleacher
 Interior
 Exterior
 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
 Metal Bldg
 Floor Truss
 Precast Plank
 Steel Girder
 Precast Wall
 Laminated Wood

2. Occupancy Type – Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies – Check all that Apply

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

3. Construction Information – Construction Classification

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: _____
 Is the Total Building Volume less than 50,000 Cubic Feet? Yes No

Please Make checks directly payable to:
Total amount due (from following pages):

E-Plan Exam
\$ _____

4. After plans are reviewed, please: (check all that apply)				*Refers to customer number from below.			
<input type="checkbox"/> Call customer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (check number)* Note: All plans after review will be directly returned to City of Greenfield City Hall							
(Customer 1) Designer Information First Time Submitter <input type="checkbox"/> Yes <input type="checkbox"/> No				(Customer 2) Designer Information First Time Submitter <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:		Last Name		First Name:		Last Name	
Company Name:				Company Name:			
Address:				Address:			
City:		State:		Zip Code:		City:	
State:		Zip Code:		City:		State:	
Phone Number (area code)				Phone Number (area code)			
Email:				Email:			
Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Building <input type="checkbox"/> HVAC				Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC			
<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC				<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC			
WI Designer Registration #		Exp. Date:		WI Designer Registration #		Exp. Date:	
(Customer 3) Building Owner Information (not lessee)				(Customer 4) Other			
First Name		Last Name		First Name		Last Name	
Company Name:				Company Name:			
Address:		City:		State		Zip Code	
State:		Zip Code		Address:		City:	
Phone Number (area code)				Phone Number (area code)			
Email:				Email:			

5. Fire Protection

Provide the following information on any fire alarm or fire suppression system either present within the building or that is being designed as part of this project.

Check system type as applicable. 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
 None
 Partial (if partial, state extents down below)

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 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"/> 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. Required Signatures

a) Supervising Professionals: If building will be 50,000 cubic feet 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 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 (State of Wisconsin SBD-9720) notifying the City of Greenfield as such and indicating the current status of compliance.

Signature below:

Print below:

Building HVAC

Date:

Signature below:

Print below:

Building HVAC

Date:

NOTE: Building supervising professional or registered designer is responsible for supervision of the fire suppression/fire 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

c) Optional Service-of Permission to Start Requested – (Be sure to check box under Building Submittal Type on front page)
 As the 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. I will not permit construction above the foundation until approved plans are at the site.
 (Additional fees may apply, see fee schedule) Request is for the following buildings:

Owner's Signature:

Date:

Designer's Signature _____

7. Statements of Owners and Designer

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.

8. Fee Calculation Instructions

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) 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 the following adopted fee schedule:

COMMERCIAL PLAN REVIEW FEE SCHEDULE – BUILDING/HVAC/FIRE ALARM/FIRE SUPPRESSION		
1. New construction, additions, alterations and parking lots fees are computed per this table.		
2. New construction and additions are calculated based on total gross floor area of the structure.		
3. A separate plan review fee is charged for each type of plan review.		
Area (Square Feet)	Building Plans	HVAC Plans
Less than 2,500	\$250	\$150
2,500 - 5,000	\$300	\$200
5,001 - 10,000	\$500	\$300
10,001 - 20,000	\$700	\$400
20,001 - 30,000	\$1,100	\$500
30,001 - 40,000	\$1,400	\$800
40,001 - 50,000	\$1,900	\$1,100
50,001 - 75,000	\$2,600	\$1,400
75,001 - 100,000	\$3,300	\$2,000
100,001 - 200,000	\$5,400	\$2,600
200,001 - 300,000	\$9,500	\$6,100
300,001 - 400,000	\$14,000	\$8,800
400,001 - 500,000	\$16,700	\$10,800
Over 500,000	\$18,000	\$12,100
Note:	1. A Plan Entry Fee of \$100.00 shall be submitted with each submittal of plans in addition to the plan review and inspection fees.	
	2. At the Sole discretion of the Community Development Manager as well as the Plans Examiner; Fees may be modified, reduced or waived based on scope of services, project type, or other relevant factors.	
Determination of 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.	
Structural Plans and other Component Submittals	When submitted separately from the general building plans, the review fee for structural plans, precast concrete, laminate wood, beams, cladding elements, other facade features or other structural elements, the review fee is \$250.00 per plan with an additional \$100.00 plan entry fee per each plan set.	
Accessory Buildings	The plan review fee for accessory buildings less than 500 square feet shall be \$125.00 with the plan entry fee waived.	
Early Start	The plan review fee for permission to start construction shall be \$75.00 for all structures less than 2,500 sf. All other structures shall be \$150.00. The square footage shall be computed as the first floor of the building or structure.	
Plan Examination Extensions	The fee for the extension of an approved plan review shall be 50% of the original plan review fee, not to exceed \$3,000.00.	
Resubmittals & revisions to approved plans	When deemed by the reviewer to be a minor revision from previously reviewed and/or approved plans, the review fee shall be \$75.00. Any significant changes or alterations beyond minor amendments as determined by the Plans Examiner and Building Inspection Department may result in additional charges as appropriate.	

Submittal of plans after construction	Where plans are submitted after construction, the standard late submittal fee of \$250.00 will be assessed per each review type that occurred after construction. This is in addition to any other plan entry fees, structural components and base fees applied to a project.
Expedited Priority Plan Review	The fee for a priority plan review, which expedites completion of the plan review in less than the normal processing time when the plan is considered ready for review, shall be 200% of the fees specified in these provisions.

Make checks payable to: <u>E-Plan Exam</u>	Total Amount Due: \$ _____
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****NOTE: THIS FORM IS PLAN REVIEW APPLICATION ONLY. APPROVAL OR APPLICATION DOES NOT AUTOMATICALLY TRANSLATE INTO PERMISSION TO BEGIN CONSTRUCTION ACTIVITIES NOR DOES IT CONSTITUTE A PERMIT. CONTACT CITY OF GREENFIELD BUILDING INSPECTION DEPARTMENT FOR ADDITIONAL INFORMATION REGARDING PERMITTING AND INSPECTIONS REQUIREMENTS FOR ALL CONSTRUCTION ACTIVITIES ON PUBLIC AND PRIVATE PROPERTY.****