



E-PLAN EXAM

Application for Building, HVAC, Fire Sprinkler and Fire Alarm Plan Review

-Complete all pages-

Contact your Municipality to Verify if there are any additional requirements and to verify fee amounts.



For submission of Building, HVAC, Fire Alarm and Fire Sprinkler plans, applicants may submit all required plans and documents electronically at eplanexam.com/submit-a-project. 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 us at info@eplanexam.com and we will gladly help! **This form, the State of Wisconsin SBD-118 form or the municipalities form must be used for the submission of all Building, HVAC, Sprinkler, and Fire Alarm 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:	Municipality:
Project Scope:	

Designer's Project Number (If Applicable):

1.a. Type of Submittal or Service Requested (check all that apply)

<input type="checkbox"/> New	<input type="checkbox"/> Alteration – Level	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> Addition/Alteration-Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> Approval Extension	<input type="checkbox"/> Revision to previously approved plans	<input type="checkbox"/> Footing & Foundation Plans Only			
<input type="checkbox"/> Permission to Start	<input type="checkbox"/> Follow Up of a Denial Within 8 Months	<input type="checkbox"/> Preliminary Consultation (contact reviewer before submitting)			
<input type="checkbox"/> Structural Framework Only		<input type="checkbox"/> Building Shell			
<input type="checkbox"/> Other: _____		<input type="checkbox"/> 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

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

3. Construction Information – Construction Class – Check 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: _____

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 (please verify with your community)

\$ _____

4. After plans are reviewed, please: (check all that apply) <input type="checkbox"/> Call customer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (check number)* <input type="checkbox"/> Email Customer		NOTE: All paper plans once reviewed will be directly returned to the municipality. Electronic submittal will be returned to both the municipality and the applicant with additional instructions as required. Once approved, applicants must contact the municipality regarding permit issuance and additional requirements prior to starting work.	
(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: _____	
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 <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm		Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Spklr <input type="checkbox"/> Fire Al		<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Spklr <input type="checkbox"/> Fire Al	
WI Designer Registration # _____ Exp. Date: _____		WI Designer Registration # _____ Exp. Date: _____	
(Customer 3) Building Owner Information (not lessee) First Name _____ Last Name _____		(Customer 4) Other First Name _____ Last Name _____	
Company Name: _____		Company Name: _____	
Address: _____ City: _____ State _____ Zip Code _____		Address: _____ City: _____ State _____ Zip Code _____	
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 system extents below in comments)

Type: ☐ Wet

☐ Anti-Freeze ☐ Dry ☐ Pre-action/Deluge

☐ 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"/> 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?

- Contact your local municipality for individual submittal requirements for all of the following:
 - Petition for Variance
 - Plumbing Systems
 - There is no required state Electrical review
- **NOTE: Department of Health Services enforces building code requirements**, including plan review, for **hospitals and nursing homes**. Daycare facilities must meet building codes prior to their licensing.

7. 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 Municipality 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 - Permission to Start Early 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

8. 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.

ONCE YOU HAVE SUBMITTED - E-PLAN EXAM WILL VERIFY FEES OWED, CONTACT APPLICANTS DIRECTLY AND PROVIDE PAYMENT SPECIFICS ON WHO TO MAKE PAYMENT TO AND WHAT OPTIONS ARE AVAILABLE.

****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 YOUR LOCAL BUILDING INSPECTION DEPARTMENT FOR ADDITIONAL INFORMATION REGARDING PERMITTING AND INSPECTIONS REQUIREMENTS FOR ALL CONSTRUCTION ACTIVITIES ON PUBLIC AND PRIVATE PROPERTY.**

CERTIFICATE OF SUPERVISION

Premise address _____

I hereby certify that I am a Registered Architect, Registered Professional Engineer, or Designer of Engineering Systems, in accordance with Chapter 443 of the current Wisconsin Statutes.

I further certify that I have been retained 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 as required by Section SPS 361.40 of the Wisconsin Administrative Code. Upon completion of construction, I will file a Certificate of Compliance with the 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. If in the event that I am no longer associated with this project I will file a Certificate of Compliance notifying the municipality as such and indicating the current status of compliance.

This certificate is for supervision of:

- ☐ Building or structural design
- ☐ Heating, ventilating and air conditioning design
- ☐ Energy conservation design
- ☐ Other (Specify) _____

Signature of architect, engineer or designer

Printed name

Address

Registration number

Telephone number

Email address

Date