



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 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 I4 R1 R2 R3 R4 S1 S2	Project Address Tenant or occupant name Has a building code variance been applied for? Yes No Variance approval number: _____		Project type <input type="checkbox"/> New <input type="checkbox"/> Alteration level 1 2 3 <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Capacity only	Review type <input type="checkbox"/> Foundation only <input 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

Brief project description

4. Project designer		5. HVAC designer		6. Building owner	
Designer	Reg. #	Designer	Reg. #	Company name	
Design Firm		Design Firm		Name	
Address		Address		Address	
City/state/zip code		City/state/zip code		City/state/zip code	
Contact person		Contact person		Contact person	
Telephone Number ()		Telephone Number ()		Telephone Number ()	
email		email		email	

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 type="checkbox"/> VB	Total stories of building above grade _____ <input type="checkbox"/> Complete Sprinkler ()13 ()13R <input type="checkbox"/> Partial Sprinkler explain:	
	Total floor area for each floor work is done on: Floor: _____ Area: _____ 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)	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	s.f.---	\$0.04/s.f.	\$	_____
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				\$	_____

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

When applicable

Total \$ _____ (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 # _____
Print Name _____
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.	
Signature of Building Designer of Record	Date Signed
_____	_____