



DEPARTMENT OF  
**NEIGHBORHOOD SERVICES**

# Plan Examination Application

**Permit & Development Center**  
 809 N. Broadway, Milwaukee, WI 53202 | (414) 286-8210 | milwaukee.gov/permits | [DevelopmentCenterInfo@milwaukee.gov](mailto:DevelopmentCenterInfo@milwaukee.gov)

**Plan Exam Requested** (check all that apply)

- Commercial   
  One/Two-Family   
  Construction plan for   
  New Building   
  Addition   
  Alteration  
 Parking Lot   
  Footing Foundation   
  HVAC Plan   
  Erosion control plan   
  Stormwater Management Plan

Location (exact street address)	House # OK _____	Total SF	Job Cost Construction	Job Cost HVAC
Contact Name (check primary contact)		Address/City/State/Zip		Phone/Fax/Email
<input type="checkbox"/> Occupant / Tenant		_____		_____
<input type="checkbox"/> Building Owner		_____		_____
<input type="checkbox"/> Design Professional		_____		_____
<input type="checkbox"/> Contractor		_____		_____

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Materials to be Submitted		
<b>Construction Plan Review</b> <input type="checkbox"/> 4 sets construction documents <input type="checkbox"/> 1 set for Planning review <input type="checkbox"/> 1 set for Health Dept. review <input type="checkbox"/> Letter of supervision <input type="checkbox"/> 1 copy specifications <input type="checkbox"/> 1 copy structural calculations <input type="checkbox"/> State energy conservation forms	<input type="checkbox"/> 7 copies plat of survey <input type="checkbox"/> 4 sets landscape drawings <input type="checkbox"/> Erosion control plan/worksheet/deposit <input type="checkbox"/> Storm water management plan <input type="checkbox"/> Accessibility analysis (COMM 69) <input type="checkbox"/> Parking lot plan <input type="checkbox"/> _____	<b>HVAC Plan Review</b> <input type="checkbox"/> 4 sets HVAC plans <input type="checkbox"/> Letter of supervision <input type="checkbox"/> 1 set architectural plans (if not submitted concurrently) <input type="checkbox"/> 1 copy HVAC specifications <input type="checkbox"/> 1 copy HVAC calculations (stamped and sealed) <input type="checkbox"/> COMM 63 "H" sheets
<b>Comments</b> _____ _____ _____		<b>Plan examination Fees</b> Construction      \$ _____ Erosion              \$ _____ HVAC                 \$ _____ Stormwater         \$ _____

<b>Approvals</b> <input type="checkbox"/> BOZA required <input type="checkbox"/> SAC requires <input type="checkbox"/> Asbestos permit required <input type="checkbox"/> Historic approval required <input type="checkbox"/> Renewal district <input type="checkbox"/> Overlay district <input type="checkbox"/> Flood plain <input type="checkbox"/> Condemnation orders <input type="checkbox"/> Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Routing</th> <th style="width: 20%;">Sent</th> <th style="width: 50%;">Received</th> </tr> </thead> <tbody> <tr><td>Customer self-routing</td><td></td><td></td></tr> <tr><td>DPW</td><td></td><td></td></tr> <tr><td>Planned Development</td><td></td><td></td></tr> <tr><td>Redevelopment</td><td></td><td></td></tr> <tr><td>Overlay district</td><td></td><td></td></tr> <tr><td>Health</td><td></td><td></td></tr> </tbody> </table> <p> <b>Plan examiner</b> _____  <b>Permit fee</b> _____  <b>Permit issued</b> _____       </p>	Routing	Sent	Received	Customer self-routing			DPW			Planned Development			Redevelopment			Overlay district			Health		
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