



Phone: (414) 286-8211
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 Milwaukee, WI 53202-3617
 www.mkedcd.org/build

Plan Examination Application

Plan examination requested

Commercial One/two family
 Construction plan for New building Addition
 Alteration Parking lot Footing/foundation
 HVAC plan
 Erosion control plan
 Stormwater management plan

Cashier validation

Location (exact street address)	House # OK _____	Total SF	Job Cost Construction	Job Cost HVAC
Contact Name (✓ primary contact)	Address/City/State/Zip		Telephone/Fax/E-mail	
Occupant / Tenant				
Building Owner				
Design Professional				
Contractor				

Received by: _____

Date: _____

Zoning	Census Tract	Tax Key Number	Occupancy Use of Building	Use Group	Historic code	Plan ID

Materials to be submitted

Construction plan review

- 4 sets construction documents
- 1 set for Planning review
- 1 set for Health Dept. review
- Letter of supervision
- 1 copy specifications
- 1 copy structural calculations
- State energy conservation forms

- 7 copies plat of survey
- 4 sets landscape drawings
- Erosion control plan/worksheet/deposit
- Storm water management plan
- Accessibility analysis (COMM 69)
- Parking lot plan
- _____
- _____

HVAC plan review

- 4 sets HVAC plans
- Letter of supervision
- 1 set architectural plans (if not submitted concurrently)
- 1 copy HVAC specifications
- 1 copy HVAC calculations (stamped and sealed)
- COMM 63 "H" sheets

Comments

Plan examination fees

Construction \$ _____

Erosion \$ _____

HVAC \$ _____

Stormwater \$ _____

Approvals

- B O Z A required
- S A C required
- Asbestos permit required
- Historic approval required
- Renewal district
- Overlay district
- Flood plain
- Condemnation orders
- Other

Routing

Sent

Received

Routing	Sent	Received
Customer self-routing		
DPW		
Planned Development		
Redevelopment		
Overlay district		
Health		

Plan examiner _____

Permit issued _____

Permit fee _____