



809 N Broadway, 1st Floor, Milwaukee, WI 53202 | (414) 286-8210 | DevelopmentCenterInfo@milwaukee.gov

Project Information

Project or Tenant Name:			
Previous Tenant Name:			
Street Address:			
Secondary Address:			
Applicable Codes ¹ :	Choose an item.	Related Record(s):	

¹All new submittals shall use the 2021 I-Codes as amended. Component submittals of projects that were reviewed under the 2015 I-Codes can continue to use that code. A more recent version of the model codes can be used when submitted in compliance with SPS 361.51(8).

Plan Review Type (check all that apply)

<input type="checkbox"/> Building	<input type="checkbox"/> HVAC ²	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fire Suppression
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²A separate submittal for Gas Piping plan review will be required. See Gas Piping Plan Exam Application form at [DNS Info Sheets Resource Page](#).

Type of Submittal - Classification of Work (check all that apply)

<input type="checkbox"/> New Construction	<input type="checkbox"/> New Construction - Core & Shell	<input type="checkbox"/> Footing & Foundation Only
<input type="checkbox"/> Alteration - Level 1	<input type="checkbox"/> Alteration - Level 2	<input type="checkbox"/> Alteration - Level 3
<input type="checkbox"/> Change in Use or Occupancy	<input type="checkbox"/> Addition	<input type="checkbox"/> Historic Building
<input type="checkbox"/> Repair	<input type="checkbox"/> Performance Compliance Method	<input type="checkbox"/> Relocated or Moved Buildings

Structural Building Components (That are included in the submittal - check all that apply)

<input type="checkbox"/> Wood Trusses	<input type="checkbox"/> Precast Concrete	<input type="checkbox"/> Pre-Engineered Metal Buildings
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Steel Joist Girders	<input type="checkbox"/> Laminated Wood

Construction Classification (check all that apply)

<input type="checkbox"/> IA	<input type="checkbox"/> IIA	<input type="checkbox"/> IIIA	<input type="checkbox"/> IV-A	<input type="checkbox"/> IV-C	<input type="checkbox"/> VA
<input type="checkbox"/> IB	<input type="checkbox"/> IIB	<input type="checkbox"/> IIIB	<input type="checkbox"/> IV-B	<input type="checkbox"/> IV-HT	<input type="checkbox"/> VB

Proposed Occupancy Classification (check all that apply)

Assembly: <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5	Institutional: <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4
Business: <input type="checkbox"/> B	Mercantile: <input type="checkbox"/> M
Educational: <input type="checkbox"/> E	Residential: <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4
Factory: <input type="checkbox"/> F-1 <input type="checkbox"/> F-2	Storage: <input type="checkbox"/> S-1 <input type="checkbox"/> S-2
High-Hazard: <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5	Utility & Misc. <input type="checkbox"/> U

Existing Occupancy Classification (applicable to existing buildings only - check all that apply)

Assembly: <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5	Institutional: <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4
Business: <input type="checkbox"/> B	Mercantile: <input type="checkbox"/> M
Educational: <input type="checkbox"/> E	Residential: <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4
Factory: <input type="checkbox"/> F-1 <input type="checkbox"/> F-2	Storage: <input type="checkbox"/> S-1 <input type="checkbox"/> S-2
High-Hazard: <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5	Utility & Misc. <input type="checkbox"/> U

Mixed Use and Occupancy (check all apply)

<input type="checkbox"/> Nonseparated (IBC 508.3)	<input type="checkbox"/> Separated (IBC 508.4)	<input type="checkbox"/> Accessory (IBC 508.2)	<input type="checkbox"/> Live/work units (IBC 508.5)
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Fire Protection Systems (check all apply)

Fire Alarm Coverage: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None Type: <input type="checkbox"/> Automatic Detection <input type="checkbox"/> Manual Alarm <input type="checkbox"/> Emergency Voice/Alarm Monitoring Type:
Fire Suppression Coverage: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None Type: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-Action/Deluge <input type="checkbox"/> Anti-freeze <input type="checkbox"/> Manual Wet Suppression Standard Used:

Plan Review Building Information (check all apply)

Project Area ³		HVAC Area ^{3,4}		Fire Protection Area ^{3,4}	
Is the total building volume 50,000 cubic feet or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No					

³ The total area of the building or structure, including all floor levels, that are being built, altered, added on to, or undergoing a change of occupancy or use. Fees shall be computed on the basis of the total gross square footage of each building or affected area. This includes those floor areas associated with mezzanines, equipment platforms, penthouses, vaults, pits, or porches that may be located under the roof of the building.

⁴ If the Heated/Ventilated/Cooled area or area protected by the fire protection system is different, enter that area in the corresponding field.

Additional Plan Review Service Requests (check all apply)

<input type="checkbox"/> Priority Plan Review ⁵	<input type="checkbox"/> Revision and Resubmittal	<input type="checkbox"/> Extension of Plan Approval
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⁵ The fee for a priority plan review, which expedites completion of the plan review in less than normal processing time, is 200% of the standard fees.

Owner Contact Information

Name			
Company Name			
Street Address		City, State, Zip	
Phone Number		Email	

Designer Contact Information

Name			
Company Name			
Street Address		City, State, Zip	
Phone Number		Email	
License Number		Expiration Date	

2nd Designer Contact Information

Name			
Company Name			
Street Address		City, State, Zip	
Phone Number		Email	
License Number		Expiration Date	

Applicant Contact Information (complete if the applicant is separate from the owner or designer)

Name			
Company Name			
Street Address		City, State, Zip	
Phone Number		Email	

Statement of Owners and Designer(s)

Owners Statement: The owner, as defined by Wis. Stats [101.01\(10\)](#), or the owner’s representative, requests that plans be reviewed for compliance with the code requirements set forth in [SPS 361 to 366](#) as required by [SPS 361.30](#). 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, architect, or designer [[SPS 361.31](#)]. Signatures and seals affixed to the plans shall be original.

Designers Statement [[SPS 361.20\(2\)](#) & [SPS 361.31\(1\)](#)]: The designer is responsible for preparing or supervising the preparation of the plans to the best of their knowledge to comply with the applicable codes 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.

Supervising Professional(s)

If building will be 50,000 cubic feet in volume or greater, 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 City of Milwaukee 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 notifying the City of Milwaukee as such and indicating the current status of compliance.

Signature: _____ Date: _____

Print: _____

Building

HVAC

Other

Signature: _____ Date: _____

Print: _____

Building

HVAC

Other

Component Submittal

The project designer shall review individual component submittals for compliance with the general design concept. The project designer, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

Signature of Designer: _____ Date: _____

Name of Component Fabricator: _____

Permission to Start

As the owner, I request to do the following PRIOR to plan review approval:

Begin Footing & Foundation work

Install Hydronic Radiant In-Floor Tubing

I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction. I have obtained any necessary special inspectors as required in Chapter 17 of the IBC for the footing and foundation work being performed. I will not permit construction above the foundation until approved plans are at the site.

Signature: _____

Owner

Owner’s Representative

Print Name: _____

Date: _____