



**Agent City for Building  
Plan Review**

**APPLICATION FOR REVIEW  
BUILDINGS, HVAC, LIGHTING,  
AND COMPONENTS – OCSBD-118**

**Complete all pages-**  
**NOTE:** Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1) (m), Stats.]

**Tax Key #** \_\_\_\_\_

**8640 South Howell Avenue, Oak Creek WI 53154 Ph. 414-768-6547 Fax 414-768-6589**

**Note the City of Oak Creek has its own sprinkler code requirements per section 15.217 of the Oak Creek Municipal Code, which may supersede the State Code. (See Box 7)**

Plan Review number: \_\_\_\_\_  
 Previous review number: \_\_\_\_\_  
 Date received: \_\_\_\_\_  
 Reviewers Name: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_  
**FEE** \_\_\_\_\_  
 Must use tables 2.31.2 and 2.31.3 to determine fees

<p><b>1. a. Type of Submittal or Service Requested (check all that apply)</b>  <input type="checkbox"/> New  <input type="checkbox"/> Alteration level 1__ 2__ 3__  <input type="checkbox"/> Addition/Alteration Level 1__ 2__ 3__  <input type="checkbox"/> Approval Extension  <input type="checkbox"/> Revision  <input type="checkbox"/> Follow Up of a Denial within 8 Months  <input type="checkbox"/> Permission to start construction Box 9c  <input type="checkbox"/> Footing &amp; Foundation Plans Only  <input type="checkbox"/> Structural Framework – Shell Only  <input type="checkbox"/> Multiple Identical Buildings (see box 5)                  Number of Buildings _____</p> <p><b>b. Current Objects Submitted for Review (check all that apply)</b>  <input type="checkbox"/> Building   <input type="checkbox"/> HVAC  <input type="checkbox"/> Energy conservation lighting  <input type="checkbox"/> Emergency egress                   Fire Suppression (see box 7)                  Fire Detection/Alarm (see box 7)</p> <p><b>c. Other Projects (Standalone from above)</b>  <input type="checkbox"/> Antennas and towers  <input type="checkbox"/> Bleacher  <input type="checkbox"/> Canopy  <input type="checkbox"/> Elevated Pedestrian Access  <input type="checkbox"/> Kitchen Exhaust Hood                  Hood fire suppression (see box 7)  <input type="checkbox"/> Membrane Construction  <input type="checkbox"/> Rack Supported Storage Building</p> <p><b>d. Structural Component Plan(s) which accompany this submittal (check all that apply):</b>  <input type="checkbox"/> Roof Truss                      <input type="checkbox"/> Metal Bldg  <input type="checkbox"/> Floor Truss                      <input type="checkbox"/> Fire Escape  <input type="checkbox"/> Steel Girder                      <input type="checkbox"/> Precast Plank  <input type="checkbox"/> Laminated Wood                <input type="checkbox"/> Precast Wall</p>	<p><b>2. Occupancy Type</b>                  Major Use – Check Use with the Greatest Floor Area   <input type="checkbox"/> A Assembly  <input type="checkbox"/> B Business/Office  <input type="checkbox"/> E Educational  <input type="checkbox"/> F Factory/Industrial  <input type="checkbox"/> H Hazardous  <input type="checkbox"/> I Institutional/Daycare/CBRF  <input type="checkbox"/> M Mercantile/Retail  <input type="checkbox"/> R Residential  <input type="checkbox"/> S Storage  <input type="checkbox"/> U Utility/Misc.</p> <p>Additional Non-Accessory Occupancies – Circle All that Apply                  A-1 A-2 A-3 A-4 A-5                  B                  E                  F-1 F-2                  H-1 H-2 H-3 H-4 H-5                  I-1 I-2 I-3 I-4                  M                  R-1 R-2 R-3 R-4                  S-1 S-2                  U</p>	<p><b>3. Construction Information</b>                  Construction Class – Circle One                  IA IB IIA IIB IIIA IIIB IV VA VB</p> <p>Area (project area, include all levels): _____ sq. ft.                  If different, heated and ventilated area _____ sq. ft.                  Number of Floor Levels _____</p> <p>Total Building Volume is less than 50,000 Cu. Ft. ___ Yes ___ No</p> <p>Seismic Review Threshold (circle one)                  1. B-F and greater than 1 story                  2. A or 1 story                  3. Non-Structural Alteration</p>
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**IF YOU ARE USING THIS APPLICATION TO COMPLETE A BUILDING PROJECT THAT IS ALREADY APPROVED, PLEASE INDICATE THAT BUILDING PERMIT NUMBER THEN COMPLETE ONLY THE FOLLOWING: BOX #1, BOX #4 (COMPLETE IF THIS IS A PARTIAL PROJECT), BOX #5 (IF IT APPLIES), BOX #6 AND THE CUSTOMER BOXES.**

<b>4. Project Information – Fill in all known information</b>	<b>Tax key number if known</b>
Project/Site Name _____	
Tenant name or building designation _____	
Previous Tenant Name _____	
Number & Street _____	

<b>5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)</b>	
Building/Facility Name/Designation _____	Building/Facility Address _____

Designer's project Number (If applicable) \_\_\_\_\_ add additional sheets if necessary

**6. After plans are reviewed, please: (check all that apply)** \*Refers to customer number from below

\_\_\_\_\_ Call Customer 1, 2, 3, 4 (circle number)\*,  
 \_\_\_\_\_ Mail plans to customer 1, 2, 3, 4 (circle number)\*  
 \_\_\_\_\_ Hold plans for pickup by designer or designated agent

**Designer Information (Customer 1)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Check others if applicable  
 Designer of \_\_\_ Bldg \_\_\_ HVAC, \_\_\_ lighting  
 Supervising Professional of \_\_\_ Bldg \_\_\_ HVAC  
 WI Designer Registration # \_\_\_\_\_ Exp date. \_\_\_\_\_

**Designer Information (Customer 2)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Check others if applicable  
 Designer of \_\_\_ Bldg \_\_\_ HVAC, \_\_\_ lighting  
 Supervising Professional of \_\_\_ Bldg \_\_\_ HVAC  
 WI Designer Registration # \_\_\_\_\_ Exp date. \_\_\_\_\_

**Property Owner (not lessee) Information (Customer 3)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Other (Customer 4)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_

Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**7 Fire Protection (Note: You are required to submit certain plans to the State for plan review depending on the type of occupancy- See table Comm 61.30-3) Fire suppression and alarm plans are also required for certain occupancies in Oak Creek. It is important to contact the Oak Creek Fire Department for these requirements. Their Phone Number is 414-768-6554. When required by the Oak Creek Fire Department, submit your plans for fire sprinkler, fire detection, and fire alarm to the office indicated below. Do not submit your fire suppression or fire alarm plans to the Oak Creek Inspection Department.**

**Fire Suppression and Fire alarm**

**Fire Safety Consultants  
2420 Alft Ln Suite 100  
Elgin IL 60124-7824  
Phone: 847-697-1300 Fax: 847-697-1310**

**Info@firesafetyfsci.com**

**8. Other Potential Plan Submittals Required For A Project?**

- Petition for Variance – Submit form SBD-9890
- Plumbing and private sewage systems under chapters Comm 81-85
- Elevators or Escalators under chapter Comm. 18
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter Comm 90
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter Comm 10
- There is no state electrical review at this time under Comm. 16
- Erosion control & storm water management under Comm. 60
- Boiler & pressure vessels under Comm. 41
- Mechanical Refrigeration under Comm. 45

**Contact S&BD for individual submittal requirements for all of the above.**

Department of Health enforces Building Code requirements, including Plan Review, for Hospitals and Nursing Homes. Daycare facilities must meet building codes prior to their licensing.

For licensing of Hotels, Motels, Taverns, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the Oak Creek Health Department at (414)-768-6525.

The Wisconsin Permit Center at 1-800-435 -7287 may be able to help you with other state permit requirements.

**Note: Be aware that State Plan Review & Approval in some cases are separate from local permits and reviews.**

**9. Required Signatures**

a) **SUPERVISING PROFESSIONALS** If building will be 50,000 cu ft or greater (Comm 61.40) I have been retained by the owner as the supervising professional per Comm 61.40 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 (SBD-9720) notifying the Department as such and indicating the current status of compliance.

Supervising Professional's Signature \_\_\_\_\_ ( ) Building ( ) HVAC Date \_\_\_\_\_  
 Supervising Professional's Signature \_\_\_\_\_ ( ) Building ( ) HVAC Date \_\_\_\_\_  
 Supervising Professional's Signature \_\_\_\_\_ ( ) Building ( ) HVAC Date \_\_\_\_\_

**NOTE: Building Supervising Professional is also responsible for supervision of the Lighting & Fire Suppression / 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
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c) ( ) 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. Note: footing and foundation work cannot start until **Oak Creek Engineering Department** approval is granted. (A separate permission to start construction permit is required in addition to a plan review request.)

(An additional \$75.00 Fee per building plus the submittal fee) Request is for the following buildings: \_\_\_\_\_

Owners Signature \_\_\_\_\_

**10. Statements of Owners and Designer**

a) **OWNERS Statement** the owner indicated on page 1 request that plans be reviewed for compliance with the code requirements set forth in Chapters Comm 60 to 66 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 (Comm 61.31). Signatures and seals affixed to the plans shall be original.

b) **DESIGNERS Statement** (Comm 61.20, 61.31 (1), and 61.40) 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/her knowledge to comply with the applicable codes of the Division of Safety & Buildings 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 (Comm 61.31(1)). Signatures and seals affixed to the plans shall be original. Lighting plans may be designed and submitted by the master electrician installing the system.

**11. Fee Calculation Instructions**  
**FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE**  
**Calculate appropriate fee on page 4 and enter total on Page 4.**

- I. **Building, heating and ventilation plans.** Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with Table Comm 2.31-2 and Table 2.31-3

**Table 2.31-2**  
**Plan Review Fees for**  
**Buildings Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings**

This table and the table below are to be utilized for projects in this municipality which is delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the Department of Commerce.

Area (Square Feet)	Building Plans	HVAC Plans
0 – 500	\$90	\$70
501 – 1000	130	100
1,001 – 1,500	170	125
1,501 – 2,000	210	155
2,001 - 2,500	250	180
2,501 - 5,000	300	200
5,001 - 10,000	500	300
10,001 - 20,000	700	400
20,001 - 30,000	1,100	500
30,001 - 40,000	1,400	800
40,001 - 50,000	1,900	1,100
50,001 - 75,000	2,600	1,400
75,001 - 100,000	3,300	2,000
100,001 - 200,000	5,400	2,600
200,001 - 300,000	9,500	6,100
300,001 - 400,000	14,000	8,800
400,001 - 500,000	16,700	10,800
Over 500,000	18,000	12,100

**Plan Table 2.31-3**  
**Fees to be forwarded to the State**  
**For Reviews Performed by Second Class Cities and Appointed Agents**

Area (Square Feet)	Building Plans	HVAC Plans
0 – 2,000	\$0	\$0
2,001 - 2,500	30	18
2,501 - 5,000	35	25
5,001 - 10,000	60	30
10,001 - 20,000	80	45
20,001 - 30,000	120	60
30,001 - 40,000	160	90
40,001 - 50,000	210	120
50,001 - 75,000	290	160
75,001 - 100,000	360	220
100,001 - 200,000	600	290
200,001 - 300,000	1,050	670
300,001 - 400,000	1,550	980
400,001 - 500,000	1,850	1,200
Over 500,000	2,000	1,350

**NOTE:** A plan entry fee of \$100.00 shall be submitted with each submittal of plans to the department in addition to the plan review and inspection fees.

**Lighting Plans and Calculations** will be reviewed at no additional cost if submitted with the Building Plans. A fee of \$75 will be charged if submitted with the HVAC Plans. A Fee of \$75 plus the \$100 submittal fee (Total \$175) is required for all Lighting Plans submitted separately. Lighting Energy Plans / Calculations and Egress Lighting Plans / Calculations must be submitted together.

A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time:** The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with Table 2.31-2 and Table 2.31.3 based on the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 sq. ft.

**12. CALCULATION OF FEES**

**Determine Area:** The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas. Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
Total Area				=	_____

**B. Fees from BOTH TABLES must be used in order to determine the plan review fees**

Agent Review fee(s) (Table 2.31.-2)

- **Building Fee** (from table) [\$\_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_\_ X Min. Fee \$\_\_\_\_\_.00] = \$\_\_\_\_\_.00
- **HVAC Fee** (from table) [\$\_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_\_ X Min. Fee \$\_\_\_\_\_.00] = \$\_\_\_\_\_.00

State Administrative fee(s) (Table 2-31-3)

- **Building Fee** (from table) [\$\_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_\_ X Min. Fee \$\_\_\_\_\_.00] = \$\_\_\_\_\_.00
- **HVAC Fee** (from table) [\$\_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_\_ X Min. Fee \$\_\_\_\_\_.00] = \$\_\_\_\_\_.00

- **Miscellaneous Fee** (\$250.00) No. of buildings \_\_\_\_\_ x \$250.00 \$\_\_\_\_\_.00  
(Plans submitted within 8 months of denial, separate footing/foundation, independent bleacher plans more than 10 feet apart, etc)

- **Permission to Start Construction** (use separate Oak Creek application in addition to this form)

- **Revision to previously reviewed, but not denied, plans** No. of Buildings \_\_\_\_\_ X (\$75.00) \$\_\_\_\_\_.00  
(This includes submittal of revised plans, within 30 days, after an additional information/hold action)

- **Additional number of plan sets** No. of Plan sets in excess of 5 \_\_\_\_\_ X (\$25.00/set) \$\_\_\_\_\_.00

- **Components** \$\_\_\_\_\_.00

(Trusses, precast, metal bldg, joist girders, etc. If submitted with or as a follow up to a current bldg project, the fee is only the minimum \$100. If submitted as a stand-alone project, the fee is \$250 in addition to the \$100 submittal fee.)

- **Other (Lighting plan separate from building plans \$75)** \$\_\_\_\_\_.00

- **Submittal Fee** (required for each and every separate submittal of choices above) \$ **100.00**

- **Additional sets of approved plan sets requested after plan approval** No. of Plan Sets \_\_\_\_\_ X (\$25.00) \$\_\_\_\_\_.00

- **Plan Approval Extension** (\$120.00)

**Total amount due \$\_\_\_\_\_ .00**

**Plan review submittals:**

New Buildings, additions and alterations 5 sets of plans

HVAC 3 sets of plans

Only 2 sets of calculations and or specifications are required

**NOTE:** All approved plans must be available on the job site for review

**MAKE CHECKS PAYABLE TO City of Oak Creek**  
**ATTACH CHECK TO PAGE 1**

**Total Amount Due**  
\$ \_\_\_\_\_