

RC Inspection Agency LLC

8735 HIGHWAY 47
WOODRUFF WI. 54568
PHONE 715-439-4222
JANUARY 2023

COMMERCIAL BUILDING, OFFICES, MERCANTILE + BUSINESS

Enter Previous Trans ID (DIS- or CB- Number), if applicable:

If no previous transaction is provided, plan review will be based on the current code, except for revisions. If a previous transaction is entered and the parent building approval transaction has not expired, you may elect below to use the code in effect at the time of that approval for follow-up revision, HVAC, and fire protection submittals related to that building approval. Note that this submittal's approval would then expire no later than the parent building approval.

Please review under the code in effect at the time of the parent building approval.

PROJECT INFORMATION

Site Number, if known: _____

Project/Site Name: _____

Tenant Name or Building Designation: _____

Previous Tenant Name: _____

Number and Street: _____

County: _____

City Village Town of _____

Designer's Project Number (If Applicable) _____

Identical Buildings - Complete a separate application for each non-identical building

Building/Facility Name/Designation

Building/Facility Address

1. PLAN REVIEW TYPE (check all that apply)

a. Type of Submittal or Service Requested

- New Alteration - Level 1 2 3 Addition/Alteration-Level: 1 2 3
 Approval Extension Revision Footing & Foundation Plans Only
 Permission to Start Follow Up of a Denial Within 8 Months Preliminary Consultation (contact reviewer before scheduling or submitting)
 Building Shell Structural Framework Only Multiple Identical Buildings (see box 5)

Number of Buildings: _____

b. Objects Submitted for This Current Review

- Building HVAC Fire Suppression (see box 7) Fire Detection/Alarm (see box 7)
Other Projects (stand alone from above)
 Interior Bleacher Canopy Membrane Construction Rack Supported Storage Building
 Exterior Bleacher Kitchen Exhaust Hood Elevated Pedestrian Access

c. Structural Component Plan(s) Which Accompany This Current Review

- Roof Truss Metal Bldg Floor Truss Precast Plank Steel Girder Precast Wall Laminated Wood

2. OCCUPANCY TYPE (check all that apply) - Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies

- A Assembly A1 A2 A3 A4 A5 I Institutional/Daycare/CBRF I1 I2 I3 I4
 B Business/Office B M Mercantile/Retail M
 E Educational E R Residential R1 R2 R3 R4
 F Factory/Industrial F1 F2 S Storage S1 S2
 H Hazardous H1 H2 H3 H4 H5 U Utility/Misc. U

3. CONSTRUCTION INFORMATION (check one) - Construction Class

a. Construction Class (check one)

- IA IB IIA IIB IIIA
 IIIB IV VA VB

b. Area

Project area, include all levels: _____ sq ft
If different, Heated/Ventilated Area: _____ sq ft
Sprinklered/Detector Protected Area: _____ sq ft
Number of Floor Levels: _____
Total Building Volume < 50,000 Cu. Ft. Yes No

4. CUSTOMER INFORMATION AND AFTER PLAN REVIEW (check all that apply)

*Refers to customer number from below.

Call Customer No.*: 1 2 3 4

Mail Plans to Customer No.*: 1 2 3 4

Hold plans for pickup by designer designated agent.

Designer (Individual that stamped the plan) – Customer 1

First Time Submitter? Yes No

Customer ID:

Last Name:

First Name:

Company Name:

Street Address:

City:

Zip:

Phone Number:

Email Address:

Check all applicable: Designer of Supervising Professional of
 Building
 HVAC
 Fire Alarm
 Fire Suppression

Designer (Individual that stamped the plan) – Customer 2

First Time Submitter? Yes No

Customer ID:

Last Name:

First Name:

Company Name:

Street Address:

City:

Zip:

Phone Number:

Email Address:

Check all applicable: Designer of Supervising Professional of
 Building
 HVAC
 Fire Alarm
 Fire Suppression

Building Owner (not lessee) – Customer 3

Customer ID:

Last Name:

First Name:

Company Name:

Street Address:

City:

Zip:

Phone Number:

Email Address:

Contact Person or Other (Please Specify) – Customer 4

Relationship to Project:

Customer ID:

Last Name:

First Name:

Company Name:

Street Address:

City:

Zip:

Phone Number:

Email Address:

5. FIRE PROTECTION – Provide the following information on any fire alarm or fire suppression system. If not part of this submittal, they will generally need to be submitted for a separate review. Submit plans for multi-purpose piping (MPP) systems as part of your plumbing plan submittal using the plumbing plan application, SBD-6154

Check System Type – Building plans must also include this information to determine allowable building area/heights.

FIRE ALARM

Complete Partial None

Type: Automatic Detection
 Manual Alarm

Monitoring Type:

Central Station
 Remote Supervision
 Proprietary Supervision
 Protected Premises

FIRE SUPPRESSION

Complete Partial None

Type: Wet Dry Pre-action/Deluge
 Anti-Freeze Manual Wet

NFPA Fire Suppression Standards used

<input type="checkbox"/> 11	<input type="checkbox"/> 11A	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 13R
<input type="checkbox"/> 13D	<input type="checkbox"/> 13D – MPP		<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17R	<input type="checkbox"/> 17A	<input type="checkbox"/> 20
<input type="checkbox"/> 22	<input type="checkbox"/> 24	<input type="checkbox"/> 750	<input type="checkbox"/> 2001	<input type="checkbox"/> Other _____

Submitter Comments or Requests (Optional)

6. OTHER POTENTIAL PLAN SUBMITTALS REQUIRED FOR A PROJECT

- a. Boiler and Pressure Vessels under SPS 341
- b. Plumbing and Private Sewage Systems under SPS 381-385
- c. Mechanical Refrigeration under SPS 345
- d. Elevators or Escalators under SPS 318
- e. There is no required state Electrical review under SPS 316
- f. Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under SPS 390

Department of Health Services enforces building code requirements, including plan review, for hospitals and nursing homes. Adult daycare facilities must meet building codes prior to their licensing.

Be aware that state plan review and approval is separate from local permits. Check with the local municipality and county for their requirements.

7. REQUIRED SIGNATURES

a. **Supervising Professionals** – If building will be 50,000 cu ft or greater (SPS 361.40) 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 plan reviewing agency 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 plan reviewing agency as such and indicating the current status of compliance.

NOTE: Building supervising professional or registered designer is responsible for supervision of the fire suppression/fire alarm installation, if applicable

Signature below:

Print below:

Building HVAC Date:

Signature below:

Print below:

Building HVAC Date:

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 plan reviewing agency 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

c. **Permission to Start (Optional)** – Ensure the box under Building Submittal Type on first page is checked.

As the building 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 and make revisions to plans on any changes. I will not permit construction above the foundation until approved plans are on site.

Request is for the following buildings (additional \$75 fee per building): _____

Owner's Signature: _____

Date:

Designer's Signature: _____

Date:

8. STATEMENTS OF OWNERS AND DESIGNERS

a. **Owners Statement** – The owner indicated on page one requests that plans be reviewed for compliance with the code requirements set forth in SPS 360 to 366 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 [SPS 361.31]. Signatures and seals affixed to the plans shall be original.

b. **Designers Statement** – (SPS 361.20, 361.31(1), and 361.40): The designer indicated on page one 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 Industry Services Division 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.