

CITY OF VERONA VERONA FIRE DEPARTMENT BUILDING/HVAC/FIRE AND COMPONENTS APPLICATION FOR REVIEW



INSTRUCTIONS: Please type or print clearly.

To avoid delays in the plan review process, ensure this form is filled out completely and accurately.

| PROJECT ADDRESS: | | | | | |
|---|---|---|--|------------------------------|--|
| PROJECT NAME: | | | | | |
| Type of Submittal Requested (check all that apply) 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) Structural Framework – Shell Only Multiple Identical Buildings (see box 5) Number of Buildings | | Objects Submitted for Review as Current Review (check all that apply) Building HVAC Lighting & Emergency Egress Fire Suppression (see box 7) Fire Detection/Alarm (see box 7) Other Projects (Stand Alone from above) Bleacher Canopy Kitchen Exhaust Hood Membrane Construction Rack Supported Storage Building Elevated Pedestrian Access | | | t Plan(s) which accompany nittal (check all that apply): |
| Occupancy Type Major Use – Check Use with the Greatest Floor Area | Additional Non-Accessory Occupancies – Check All that Apply) | | Construction Information Construction Class – Check One IA IB IIA IIB IIIA IIIB IV VA VB | | |
| □ A Assembly □ B Business/Office □ E Educational □ F Factory/Industrial □ H Hazardous □ I Institutional/Daycare/CBRF □ M Mercantile/Retail □ R Residential □ S Storage □ U Utility/Misc □ Atrium located in any type of or | □ A1 □ A2 □ A3 □ A4 □ A5 □ B □ F1 □ F2 □ H1 □ H2 □ H3 □ H4 □ H5 □ I1 □ I2 □ I3 □ I4 □ M □ R1 □ R2 □ R3 □ R4 □ S1 □ S2 □ U | | Area (project area, include all levels): sq ft Number of Floor Levels Total Building Volume is less than 50,000 Cu. Ft. Yes No Seismic Review Threshold (circle one) B-F and greater than 1 story A or 1 story Non-Structural Alteration | | |
| | | | building approval letter or co ding Department. The Building | | |
| FIRE ALARM | | | FIRE SUPPRESS | <u>ION</u> | |
| □ Installation Has Begun | | ☐ Installation Has Begun | | | |
| □ Complete □ Partial □ None | | ☐ Less Than 21 sprinklers | | | |
| Type: ☐ Automatic Detection ☐ Manual Alarm | | □ Complete □ Partial □ None | | | |
| Monitoring Type: ☐ Central Station ☐Proprieta ☐ Remote Supervision ☐ Pro | ary Supervision otected Premises | | Type: □Wet □ Dry □ Pre-ac □ Anti-Freeze □Manua NFPA Fire Suppression Stan □ 11 □ 11A □ 12 □ 13 □ 14 □ 15 □ 16 □ 17 □ 17A □ 20 □ 24 □ 750 □ 2001 □ Other □ | dards used □ 13R □ 17R | |

Other Potential Plan Submittals Required For A Project?

- Petition for Variance Submit form SBD-9890
- Erosion control & stormwater management under SPS 306
- Plumbing and private sewage systems under chapters SPS 381-385
- Boiler & pressure vessels under SPS 341
- Elevators or Escalators under chapter SPS 318
- Mechanical Refrigeration under SPS 345

- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter SPS 390
- There is no state electrical review under chapter SPS 316
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under chapter SPS 310

Contact the Building Department 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, Restaurants, Pools, Campgrounds and Bed & Breakfast establishments contact the WI Environmental Sanitation Section at (608) 266-2835. The Wisconsin Permit Center at 1-800-435-7287 may be able to help you with other state permit requirements.

| Designer #1 Information | | 2. Designer #2 Informat | 2. Designer #2 Information | | |
|--|---|--|--|--|--|
| rst Name | Last Name | First Name | Last Name | | |
| ompany Name | | Company Name | | | |
| ddress | | Address | | | |
| ty | State ZIP+4 (9 digits) | City | State ZIP+4 (9 digits) | | |
| none Number | Mobile Number | Phone Number | Mobile Number | | |
| ax Number | Email | Fax Number | Email | | |
| . Owner | | 4. Applicant | Same as (Check one) 🗆 🗆 🗆 | | |
| rst Name | Last Name | First Name | Last Name | | |
| ompany Name | | Company Name | | | |
| ddress | | Address | | | |
| ty | State ZIP+4 (9 digits) | City | State ZIP+4 (9 digits) | | |
| none Number | Mobile Number | Phone Number | Mobile Number | | |
| ax Number | Email | Fax Number | Email | | |
| SPS 361 to 365 of the departme building is 50,000 cubic feet in to | er indicated this application requests to the commercial transfer in the owner recognizes responsibility. | ty for compliance with all the code re red to be prepared, signed, sealed a | ce with the code requirements set forth in Chapters equirements and any conditions of approval. If a and dated by a Wisconsin registered engineer or | | |
| preparation of the plans to the be following construction of this proj | est of his/her knowledge to comply wit | h the applicable codes of the Division feet in volume, plans are required to | n is responsible for preparing or supervising the on of Safety & Buildings for this submittal. If a building be prepared, signed, sealed and dated by a plans shall be original. | | |
| | | | | | |

| 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 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. Signature Print | | | |
|---|---|---|--|
| | Bu | ilding □ HVAC Date | |
| | Bu | ilding □ HVAC Date | |
| NOTE: Building Supervising Professional is also responsible for supervision | of the Lighting & Fire Suppression / Alarm Instal | lation (If Applicable) | |
| COMPONENT SUBMITTAL The Department requires that the project concept. The project designer, and department, will rely on the seal of Original Signature of Building Designer | | | |
| Optional Service-Permission to start requested – (Be sure to check be As the owner, I request to begin footing and foundation wor reviewed, and to remove or replace any non-code complying the site. | rk PRIOR to plan review approval. I agree to ng construction. I will not permit construction a | make any changes required after plans have been | |
| (Additional \$500.00 Fee per building) Request is for the foll | lowing buildings: | | |
| Owner's Signature | | Date | |

| Applicant Signature: | Application Date | : |
|----------------------|------------------|---|
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Plan Review Submittal Process

The City of Verona has been authorized by the Wisconsin Department of Commerce to perform plan review duties for the following:

- A new building or structure of unlimited total volume.
- An addition to a building or structure of unlimited total volume.
- An alteration of a space of unlimited total volume.
- Plumbing Systems for any building or structure, of unlimited total volume (different application form).
- Fire Suppression, Detection and Alarm Systems for any building or structure, of unlimited total volume.

Project waiver. The City of Verona may waive its jurisdiction for the plan review of a specific project or types of projects, or components thereof, in which case plans and specifications shall be submitted to the Wisconsin Department of Commerce for review and approval.

Items Required for Review

| Completed Plan Review Application |
|-----------------------------------|
| Required plans |

Required worksheets

■ Required calculations

Contact the appropriate department for more information on required plans, worksheets and calculations.

All plan review requests shall be submitted to the Building Inspection Department.

Please do not submit to the Fire Department.

Plan Review Fees

Building, heating and ventilation, fire alarm and suppression plans. Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression 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 the table below.

All fees will be collected with the issuance of the Uniform Building and Trades Permit.

| Area (Square Feet) | Building Plans | HVAC Plans | Fire Alarm System Plans | Fire Suppression System Plans |
|--------------------|----------------|------------|-------------------------|-------------------------------|
| Less than 2,500 | \$330 | \$220 | \$130 | \$130 |
| 2,501 - 5,000 | 550 | 260 | 160 | 160 |
| 5,001 - 10,000 | 750 | 400 | 315 | 315 |
| 10,001 - 20,000 | 1,100 | 540 | 620 | 620 |
| 20,001 - 30,000 | 1,500 | 830 | 925 | 925 |
| 30,001 - 40,000 | 2,000 | 1,100 | 1,240 | 1,240 |
| 40,001 - 50,000 | 2,700 | 1,500 | 1,555 | 1,555 |
| 50,001 - 75,000 | 3,400 | 2,100 | 1,880 | 1,880 |
| 75,001 - 100,000 | 5,600 | 2,700 | 2,210 | 2,210 |
| 100,001 - 200,000 | 7,800 | 4,700 | 2,580 | 2,580 |
| 200,001 - 300,000 | 11,000 | 6,500 | 3,030 | 3,030 |
| 300,001 - 400,000 | 15,000 | 9,200 | 3,480 | 3,480 |
| 400,001 - 500,000 | 18,500 | 12,000 | 3,930 | 3,930 |
| Over 500,000 | 20,000 | 13,500 | 4,310 | 4,310 |

Note: 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 the table on the basis of 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 square feet.

Verona Building Inspection Department 111 Lincoln Street

Verona, WI 53593-1520 Phone: (608) 848-9940 Fax: (608) 845-8613

Email: <u>buildinginspector@ci.verona.wi.us</u>

Verona Fire Department 101 Lincoln Street Verona, WI 53593 Phone: (608) 845-9401 Fax: (608) 845-9455

Email: veronafire@hotmail.com

*****Administrative Section*****

| Transaction Date: | Permit Number: | Notes: |
|-------------------|----------------|--------|
| | | |
| | | |

^{**}Please note the Fire Alarm and Fire Suppression fees <u>include</u> all associated inspections.

Building and HVAC fees below are for plan review <u>only</u>. <u>Plan entry fee of \$100.00 addition to plan review fee.</u>