



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



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

PROJECT ADDRESS: _____

PROJECT NAME: _____

<p>Type of Submittal Requested (check all that apply)</p> <input type="checkbox"/> New <input type="checkbox"/> Alteration – Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Addition/Alteration–Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Approval Extension <input type="checkbox"/> Revision <input type="checkbox"/> Footing & Foundation Plans Only <input type="checkbox"/> Permission to Start <input type="checkbox"/> Follow Up of a Denial Within 8 Months <input type="checkbox"/> Preliminary Consultation (contact reviewer before scheduling or submitting) <input type="checkbox"/> Structural Framework – Shell Only <input type="checkbox"/> Multiple Identical Buildings (see box 5) Number of Buildings _____	<p>Objects Submitted for Review as Current Review (check all that apply)</p> <input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Lighting & Emergency Egress <input type="checkbox"/> Fire Suppression (see box 7) <input type="checkbox"/> Fire Detection/Alarm (see box 7) <p>Other Projects (Stand Alone from above)</p> <input type="checkbox"/> Bleacher <input type="checkbox"/> Canopy <input type="checkbox"/> Kitchen Exhaust Hood <input type="checkbox"/> Membrane Construction <input type="checkbox"/> Rack Supported Storage Building <input type="checkbox"/> Elevated Pedestrian Access	<p>Structural Component Plan(s) which accompany this current plan submittal (check all that apply):</p> <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
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<p>Occupancy Type</p> <p>Major Use – Check Use with the Greatest Floor Area</p> <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 <input type="checkbox"/> Atrium located in any type of occupancy <p>Additional Non-Accessory Occupancies – Check All that Apply)</p> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> I3 <input type="checkbox"/> I4 <input type="checkbox"/> M <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> U	<p>Construction Information</p> <p>Construction Class – Check One</p> <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB <p>Area (project area, include all levels): _____ sq ft</p> <p>Number of Floor Levels _____</p> <p>Total Building Volume is less than 50,000 Cu. Ft. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Seismic Review Threshold (circle one) <input type="checkbox"/> B-F and greater than 1 story <input type="checkbox"/> A or 1 story <input type="checkbox"/> Non-Structural Alteration </p>
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Fire suppression and alarm plans are required for certain occupancies. See building approval letter or contact us for requirements. When required, the plans for fire sprinkler, fire detection, and fire alarm must be submitted to the Building Department. The Building Department will then forward to the Fire Department agent for review.

<p align="center"><u>FIRE ALARM</u></p> <p><input type="checkbox"/> Installation Has Begun</p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>Type: <input type="checkbox"/> Automatic Detection <input type="checkbox"/> Manual Alarm</p> <p>Monitoring Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Proprietary Supervision <input type="checkbox"/> Remote Supervision <input type="checkbox"/> Protected Premises </p>	<p align="center"><u>FIRE SUPPRESSION</u></p> <p><input type="checkbox"/> Installation Has Begun</p> <p><input type="checkbox"/> Less Than 21 sprinklers</p> <p><input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None</p> <p>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</p> <p><u>NFPA Fire Suppression Standards used</u></p> <input type="checkbox"/> 11 <input type="checkbox"/> 11A <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 13R <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"/> 24 <input type="checkbox"/> 750 <input type="checkbox"/> 2001 <input type="checkbox"/> Other _____
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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.

1. Designer #1 Information			2. Designer #2 Information		
First Name	Last Name		First Name	Last Name	
Company Name			Company Name		
Address			Address		
City	State	ZIP+4 (9 digits)	City	State	ZIP+4 (9 digits)
Phone Number	Mobile Number		Phone Number	Mobile Number	
Fax Number	Email		Fax Number	Email	
3. Owner			4. Applicant		
			Same as (Check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
First Name	Last Name		First Name	Last Name	
Company Name			Company Name		
Address			Address		
City	State	ZIP+4 (9 digits)	City	State	ZIP+4 (9 digits)
Phone Number	Mobile Number		Phone Number	Mobile Number	
Fax Number	Email		Fax Number	Email	

Statements of Owners and Designer

- a) OWNERS Statement. The owner indicated this application requests that plans be reviewed for compliance with the code requirements set forth in Chapters SPS 361 to 365 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 361.50) The designer indicated on this application 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 {SPS 361.31(1)}. Signatures and seals affixed to the plans shall be original.

Required Signatures

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 _____

_____ Building HVAC Date _____

_____ Building HVAC Date _____

NOTE: Building Supervising Professional is also responsible for supervision of the Lighting & Fire Suppression / Alarm Installation (If Applicable)

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 _____

Optional Service-Permission to start requested – (Be sure to check box under Building Submittal Type on front page)
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.

(Additional \$500.00 Fee per building) Request is for the following buildings: _____

Owner's Signature _____ Date _____

Applicant Signature: _____ **Application Date:** _____

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.

****Please note the Fire Alarm and Fire Suppression fees include all associated inspections.
Building and HVAC fees below are for plan review only. Plan entry fee of \$100.00 addition to plan review fee.**

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: buildinginspector@ci.verona.wi.us	Verona Fire Department 101 Lincoln Street Verona, WI 53593 Phone: (608) 845-9401 Fax: (608) 845-9455 Email: veronafire@hotmail.com
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*****Administrative Section*****

Transaction Date:	Permit Number:	Notes:
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