



**Application for Review – Buildings, HVAC,  
form – SBD-118 for Stevens Point**

Permit #:
Assigned Reviewer:
Assigned Office:
Reviewer Start Date*:

Personal information you provide may be used for secondary purposes  
[Privacy Law s. 15.04(1)(m), Stats.]

For electronic submittal, please e-mail Community Development at: communitydevelopment@stevenspoint.com	<b>Enter Previous Related permit # if applicable:</b>
<p><b>This form is to be used for plans to be reviewed in-house for Building, HVAC and structural components.</b></p> <p>Also use this form to register a supervising professional to the project.</p> <p><b>PLEASE ALLOW ONE WEEK FOR PLAN REVIEW</b></p>	<p>The City of Stevens Point is a delegated municipality of DSPS to review plans for new buildings 50,000 cu.ft. or less and alterations to existing buildings where the area of work is under 100,000 cu.ft.</p>
Desired Appointment Date:	
Where should we send the appointment confirmation letter: <b>Email address:</b>	
<input type="checkbox"/> <b>One set of electronic plans and two paper copies are preferred</b>	
<b>Project Information – Fill in all known information</b>	<b>Site Number If Known:</b>
Project/Site Name: _____	
Tenant Name or Building Designation: _____	
Previous Tenant Name: _____	
Number and Street: _____	
County: _____ City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> of _____	
<b>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 Needed
<b>1.a. Type of Submittal or Service Requested (check all that apply)</b>	
<input type="checkbox"/> New <input type="checkbox"/> Approval Extension <input type="checkbox"/> Permission to Start <input type="checkbox"/> Structural Framework Only	<input type="checkbox"/> Alteration – Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Revision <input type="checkbox"/> Addition <input type="checkbox"/> Footing & Foundation Plans Only <input type="checkbox"/> Preliminary Consultation (contact reviewer before scheduling or submitting) <input type="checkbox"/> Building Shell <input type="checkbox"/> Multiple Identical Buildings (see note below)
Number of Buildings: _____	
<b>b. Objects Submitted for This Current Review (check all that apply)</b>	
<input type="checkbox"/> Building (\$100 Fee) <input type="checkbox"/> HVAC (\$50 Fee)	
<b>c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):</b>	
<input type="checkbox"/> Roof Truss <input type="checkbox"/> Metal Bldg <input type="checkbox"/> Floor Truss <input type="checkbox"/> Precast Plank <input type="checkbox"/> Steel Girder <input type="checkbox"/> Precast Wall <input type="checkbox"/> Laminated Wood	
<b>2. Occupancy Type – Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies – Check all that Apply</b>	
<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"/> 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"/> 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"/> 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
<b>3. Construction Information – Construction Class – Check One</b>	<b>Area (project area, include all levels):</b> _____ sq ft
<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	If different, Heated/Ventilated Area: _____ sq ft Sprinklered/Detector Protected Area: _____ sq ft Number of Floor Levels: _____ Total Building Volume < 50,000 Cu. Ft. <input type="checkbox"/> Yes <input type="checkbox"/> No



**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 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 below:

Print below:

Building       HVAC

Date:

Signature below:

Print below:

Building       HVAC

Date:

NOTE: Building supervising professional or registered designer is responsible for supervision of the fire suppression/fire 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

**c) Optional Service-of 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.  
 Request is for the following buildings:

**Owner's Signature:**

**Date:**

**d)**  Invoice designer, who will be personally responsible for payment.

**Designer's Signature** \_\_\_\_\_

**8. Statements of Owners and Designer**

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.

**NOTE:**

**A fee reduction may be taken for plans involving multiple identical buildings located on the same site and submitted at the same time. Please contact our office to discuss.**

**A. Determine Project 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, industrial equipment platforms, balconies, lofts, decks, 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 project area is the summation of all floor areas that are part of this project. Attach a separate sheet if necessary for the calculations below:

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