



E-PLAN EXAM

Application for Building, HVAC, Fire Sprinkler and Fire Alarm Plan Review

-Complete all pages-

Contact your Municipality to Verify if there are any additional requirements and to verify fee amounts.

For submission of Building, HVAC, Fire Alarm and Fire Sprinkler plans, applicants may submit all required plans and documents electronically at eplanexam.com/submit-a-project. Please note, in either format paper or electronic, fees must be made payable to the "E-Plan Exam". For more information regarding fee payments and payment options or any general questions, please contact us at info@eplanexam.com and we will gladly help! This form, the State of Wisconsin SBD-118 form or the municipalities form must be used for the submission of all Building, HVAC, Sprinkler, and Fire Alarm projects requiring plan review.

Project Information – Fill in all known information

Project/Site Name:	Second FLR apartment addition
Tenant Name or Building Designation:	Wi Land contracts LLC
Previous Tenant Name:	
Number and Street:	425 E Broadway
County: Waukesha	Municipality: Waukesha
Project Scope:	RESIDENTIAL ALTERATIONS TO THE UPPER UNIT. AN ADDITION IS PROPOSED TO THE FRONT OF AN ADDITION IS PROPOSED TO THE FRONT OF THE PROPERTY TO CONVERT DECK INTO A LIVABLE

Designer's Project Number (If Applicable):

1.a. Type of Submittal or Service Requested (check all that apply)

New Alteration – Level 1 2 3 Addition/Alteration-Level: 1 2 3
 Approval Extension Revision to previously approved plans Footing & Foundation Plans Only
 Permission to Start Follow Up of a Denial Within 8 Months Preliminary Consultation (contact reviewer before submitting)
 Structural Framework Only Building Shell
 Other: _____ Multiple Identical Buildings - Number of Buildings: _____

b. Objects Submitted for This Current Review (check all that apply)

Building HVAC Sprinkler Fire Alarm

Other Projects (Stand Alone from above)

Bleacher Interior Exterior Canopy Kitchen Exhaust Hood Membrane Construction
 Rack Supported Storage Building Elevated Pedestrian Access

c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):

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

2. Occupancy Type – Major Use of Greatest Floor Area and Additional Non-Accessory Occupancies – Check all that Apply

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 – Construction Class – Check One

IA IB IIA IIB IIIA
 IIIB IV VA VB

Area (project area, include all levels): 630 sq ft

If different, Heated/Ventilated Area: _____ sq ft

Sprinklered/Detector Protected Area: _____ sq ft

Number of Floor Levels: 1

Is the Total Building Volume less than 50,000 Cubic Feet? Yes No

Please Make checks directly payable to:

E-Plan Exam (please verify with your community)

Total amount due (from following pages):

\$ 350

4. After plans are reviewed, please: (check all that apply) <input type="checkbox"/> Call customer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (check number)* <input checked="" type="checkbox"/> Email Customer		NOTE: All paper plans once reviewed will be directly returned to the municipality. Electronic submittal will be returned to both the municipality and the applicant with additional instructions as required. Once approved, applicants must contact the municipality regarding permit issuance and additional requirements prior to starting work.	
(Customer 1) Designer Information First Time Submitter <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(Customer 2) Designer Information First Time Submitter <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name: Vincent Last Name: Matarrese		First Name: Last Name:	
Company Name: VM Engineering LTD		Company Name:	
Address: 2412 Tanager Court		Address:	
City: WAUKESHA State: WI Zip Code: 5318		City: State: Zip Code:	
Phone Number (area code) 262 364 8744		Phone Number (area code)	
Email: vince@vmproeng.com		Email:	
Check all applicable: <input checked="" type="checkbox"/> Designer of <input checked="" type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm		Check all applicable: <input type="checkbox"/> Designer of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm	
<input checked="" type="checkbox"/> Supervising Professional of <input checked="" type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Spklr <input type="checkbox"/> Fire Al		<input type="checkbox"/> Supervising Professional of <input type="checkbox"/> Bldg <input type="checkbox"/> HVAC <input type="checkbox"/> Spklr <input type="checkbox"/> Fire Al	
WI Designer Registration # E45530 Exp. Date: 7/24		WI Designer Registration # Exp. Date:	
(Customer 3) Building Owner Information (not lessee) First Name Last Name		(Customer 4) Other First Name Last Name	
WI Land Contracts LLC			
Company Name:		Company Name:	
Address: 475 E Broadway City: Waukesha State: Zip Code: 53186		Address: City: State Zip Code	
Phone Number (area code) 414 750 6467		Phone Number (area code)	
Email: Charliebianco33@gmail.com		Email:	

5. Fire Protection

Provide the following information on any fire alarm or fire suppression system either present within the building or that is being designed as part of this project.

Check system type as applicable. **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 None Partial (If partial state system extends below in comments)

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

NFPA Fire Suppression Standards used

11 11A 12 13 13R
 13D 13D - MPP 14 15
 16 17 17R 17A 20
 22 24 750 2001 Other _____

Submitter Comments or Requests (Optional)


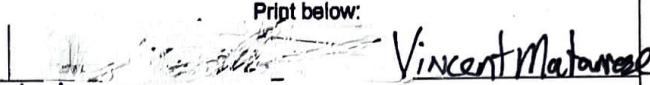
6. Other Potential Plan Submittals Required For A Project?

- Contact your local municipality for individual submittal requirements for all of the following:
 - Petition for Variance
 - Plumbing Systems
 - There is no required state Electrical review

• **NOTE: Department of Health Services enforces building code requirements, including plan review, for hospitals and nursing homes. Daycare facilities must meet building codes prior to their licensing.**

7. Required Signatures

a) Supervising Professionals: If building will be 50,000 cubic feet 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 (State of Wisconsin SBD-9720) notifying the Municipality as such and indicating the current status of compliance.

Signature below:  Print below: 

Building HVAC Sprinkler Fire Alarm Date: 3/3/23

Signature below: _____ Print below: _____



Building HVAC Sprinkler Fire Alarm 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
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c) Optional Service - Permission to Start Early 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 fees may apply, see fee schedule) Request is for the following buildings:

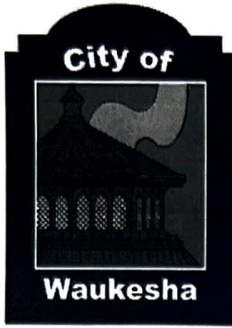
Owner's Signature:  Date: 

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.



COMMUNITY DEVELOPMENT

201 DELAFIELD STREET
WAUKESHA, WISCONSIN 53188-3633
TELEPHONE 262/524-3750 FAX 262/524-3751

Jennifer Andrews, Director

jmandrew@ci.waukesha.wi.us

CERTIFICATE OF SUPERVISION

Premise address 425 E. BROADWAY

I hereby certify that I am a Registered Architect, Registered Professional Engineer, or Designer of Engineering Systems, in accordance with Chapter 443 of the current Wisconsin Statutes.

I further certify that I have been retained as the supervising professional 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 as required by Section SPS 361.40 of the Wisconsin Administrative Code and the City of Waukesha Code of Ordinances. Upon completion of construction, I will file a Certificate of Compliance with the City of Waukesha 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 Certificate of Compliance notifying the City of Waukesha as such and indicating the current status of compliance.

This certificate is for supervision of:

- Building or structural design
- Heating, ventilating and air conditioning design
- Energy conservation design
- Other (Specify) _____

Vincent Matarrese
Signature of architect, engineer or designer

Vincent Matarrese
Printed name

2412 Tanager Ct. Waukesha, WI
Address

E-45530
Registration number

262-364-8744
Telephone number

Vince@VMproeng.com
Email address

3/3/23
Date

