

RECEIVED

JUN 24 2014

VARIANCE FEES

MGO \$50.00
COMM \$490.00
Priority - Double above

PETITION FOR VARIANCE APPLICATION

CITY OF MADISON
BUILDING INSPECTION DIVISION

215 Martin Luther King Jr. Blvd.
Madison, WI 53703
(608) 266-4568

Amount Paid 490.00

Table with 3 columns: Name of Owner, Project Description, Agent, architect, or engineering firm. Includes handwritten entries for Andrew Sather, Interior Renovation at Existing Condo Unit, and contact information for Daniel Umscheid.

- 1. The rule being petitioned reads as follows: (Cite the specific rule number and language. Also, indicate the nonconforming conditions for your project.)
IBC 2009 - 1208.2 Minimum ceiling heights. Occupiable spaces, habitable spaces and corridors shall have a ceiling height of not less than 7 feet 6 inches (2286 mm).
505.1 General. The clear height above and below the mezzanine floor construction shall not be less than 7 feet (2134 mm).
2. The rule being petitioned cannot be entirely satisfied because:
It is intended to provide bedroom and bathroom space above & below the mezzanine.
3. The following alternatives and supporting information are proposed as a means of providing an equivalent degree of health, safety, and welfare as addressed by the rule:
The unit is constructed of poured-in-place concrete and is sprinklered. The existing ceiling height poses no lifesafety concerns. No additional drop ceilings or furred-down ceilings are planned for the remodelled space.

RECEIVED
MAY 29 2014
MADISON FIRE DEPARTMENT ADMINISTRATION

Note: Please attach any pictures, plans, or required position statements.

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED AND ACCOMPANIED BY A REVIEW FEE AND ANY REQUIRED POSITION STATEMENTS.

Note: Petitioner must be the owner of the building. Tenants, agents, contractors, attorneys, etc. may not sign the petition unless a Power of Attorney is submitted with the Petition for Variance Application.

ANDREW SATHER, being duly sworn, I state as petitioner that I have read the foregoing petition, that I believe it to be true, and I have significant ownership rights in the subject building or project.

Table with 2 columns: Signature of owner, Subscribed and sworn to before me this date; Notary public, My commission expires. Includes handwritten signature and 'see attached notarization'.

NOTE: ONLY VARIANCES FOR COMMERCIAL CODES ARE REQUIRED TO BE NOTARIZED.



California Jurat

State of California

County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this 21 day of may, 2014,

by Andrew Robert Sather
Name of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Linda Heasell
Signature of Notary Public

Place Notary Seal Above

Description of Attached Document

Title or Type of Document: Petition for Variance Application

Document Date: _____ No. of Pages: _____

Signers(s) Other Than Named Above: _____

Any questions please email

steve.hyde@me.com or call 8165174947

City of Madison Fire Department Position Statement

Owner: Andrew Sather	Project Name: Interior Renovation Condo Unit 102	Contact: Clockwork Daniel Umsheid
Address: 1299 Bear Creek Rd Orinda, CA 94563	Building Location: 155 E Wilson Street Unit 102	Address: 423 Delaware St Suite 102 Kansas City, MO 64105
Owner Phone: 415.377.9659 Email: Andrew@sather.com	Building Occupancy or Use: Residential R-2	Phone: 816-548-7094 Email: Daniel@clockwork-ad.com

Rule Being Petitioned: IBC 1208.2 Minimum Ceiling Height


I have read the application for variance and recommend: (check appropriate box)

- Approval
 Conditional Approval
 Denial
 No Comment
- Existing condition with no additional impact to life safety or fire ground operations.

Name of Fire Chief or Designee (type or print)
Bill Sullivan, Fire Protection Engineer

City of Madison Fire Department

Signature of Fire Chief or Designee



Telephone Number
608-261-9658

Date Signed
July 1, 2014

What we know...

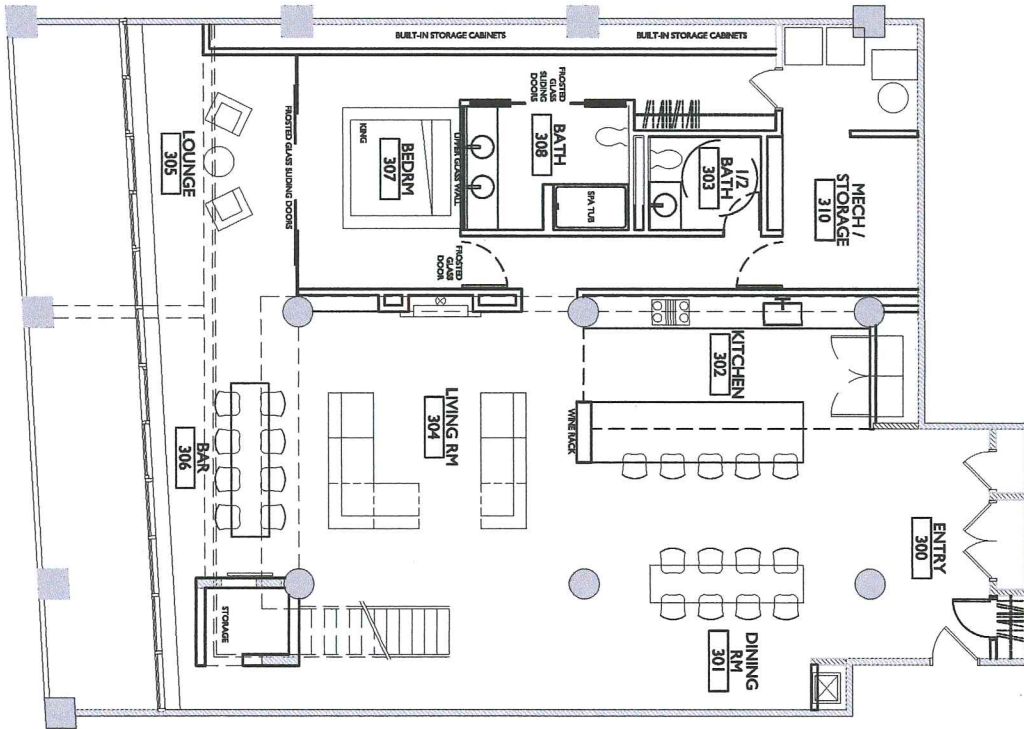
- Permits issued for original build out in 1999 for electrical, plumbing and heating
- Plan Examination Letter 3/29/99 (refer to comments in later printout)
- Building permit application dated 4/1/99
- Building plans approval application 3/22/99
- Certificate of electrical inspection dated 7/29/99
- Compliance statement for hvac (partial completion) 10/17/99
- HVAC compliance statement 12/5/00

155 E Wilson, Unit 102, Madison 53703

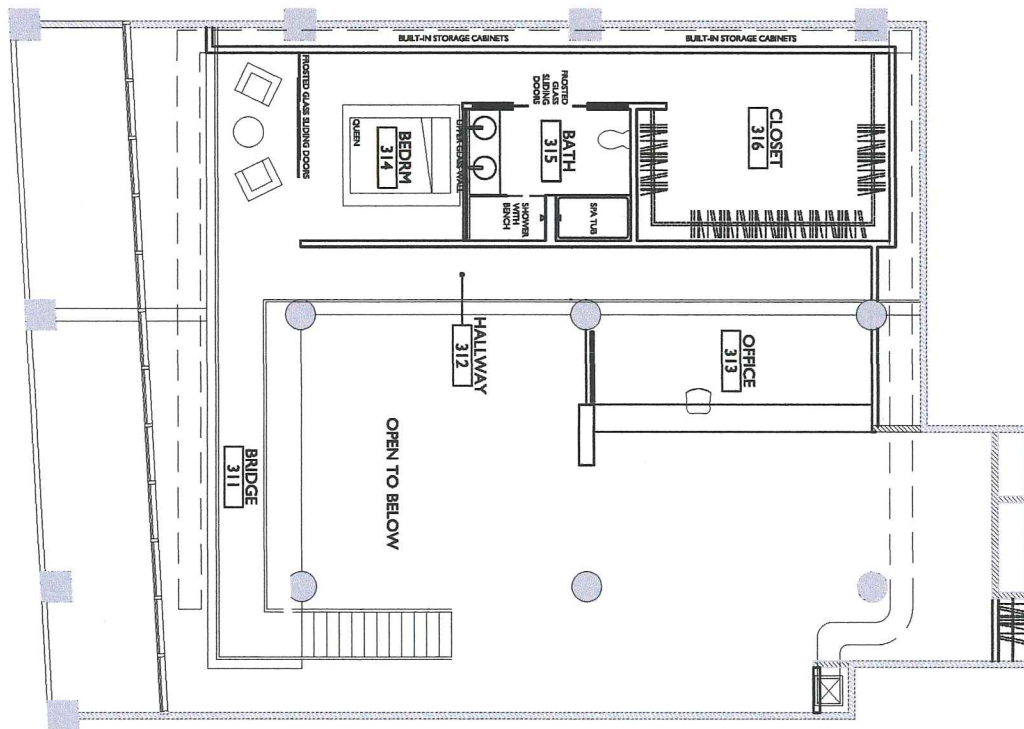
Variance request : Ceiling Height - upper and lower mezzanine

- Mezzanine part of original building. 8 inches thick at minimum, up to 18 inches at edge.
- Currently, bedrooms and full upper and lower baths, plus half bath on lower floor. Studio on upper and Den on the lower level
- Base the renovations on similar plan but incorporating additional light and making downstairs bedroom larger giving easier accessibility

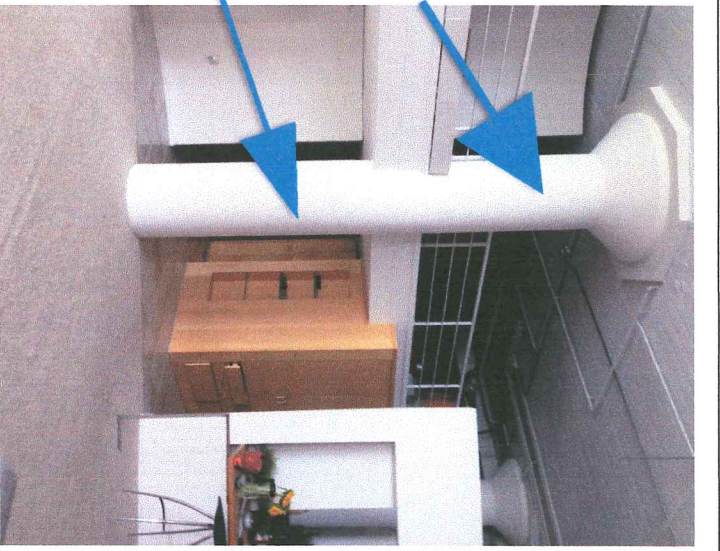
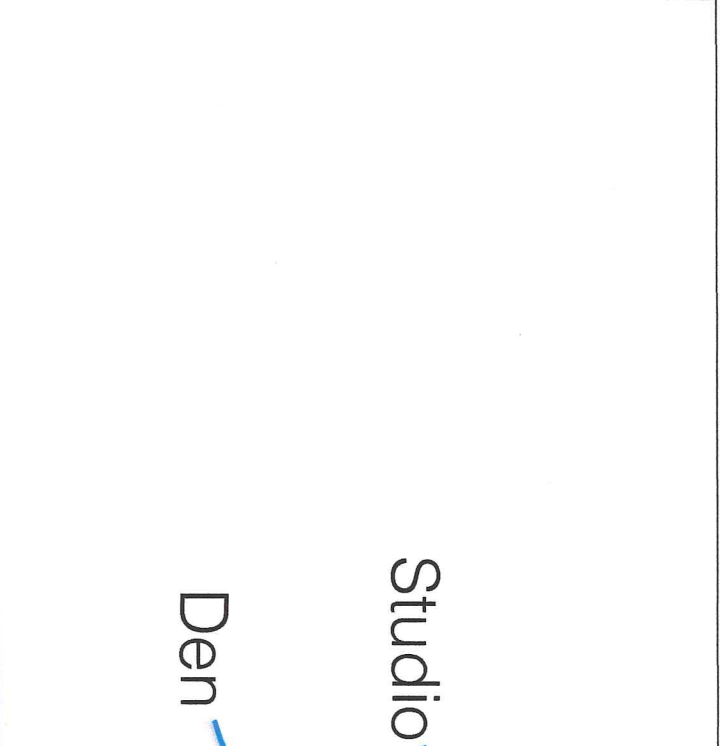
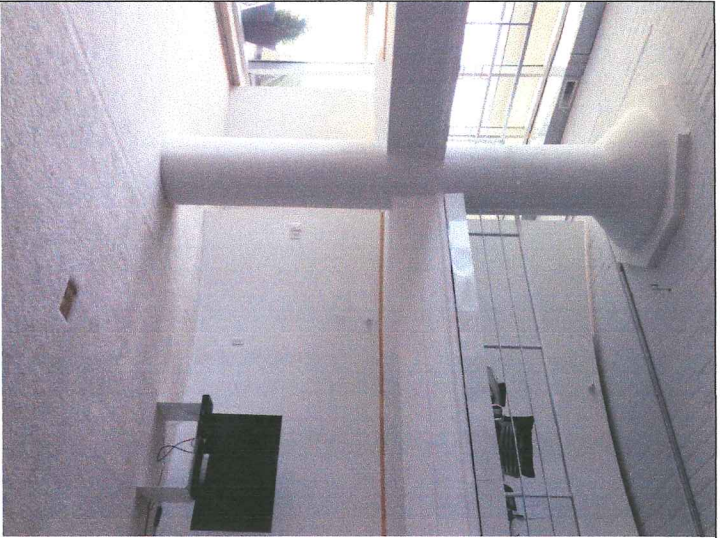
MADISON LOFT / MAIN LEVEL



MADISON LOFT / MEZZANINE

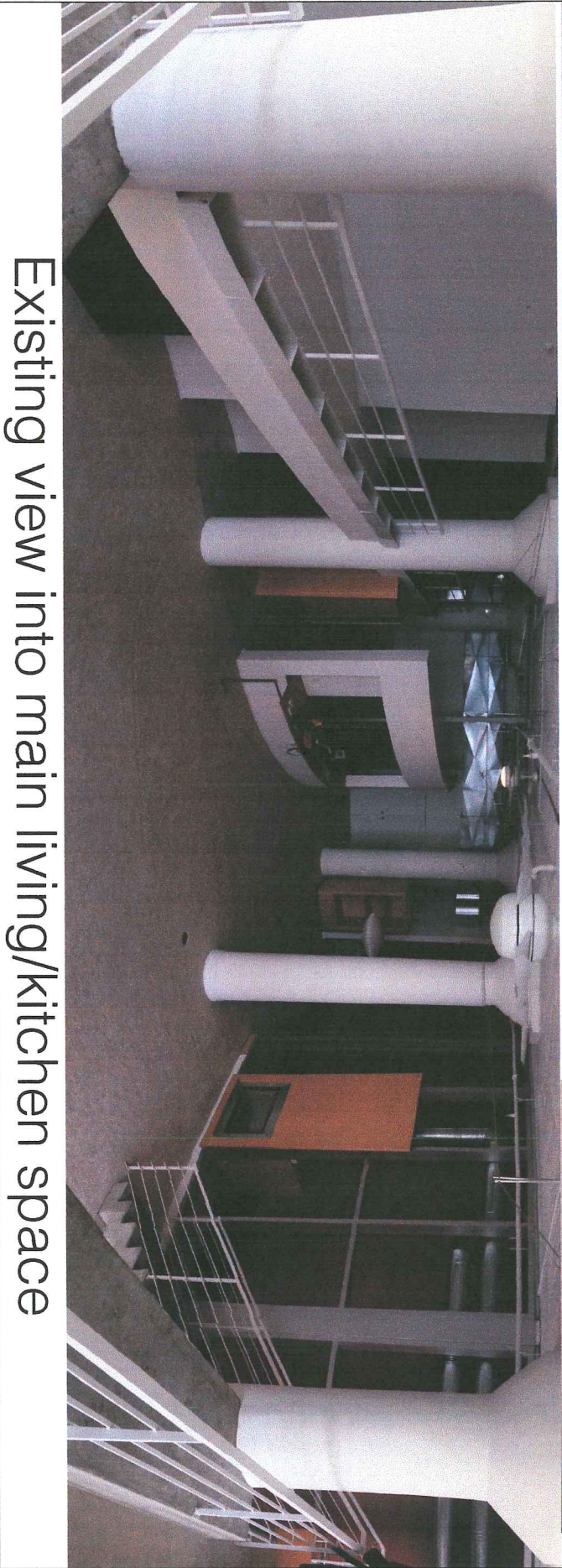


PROPOSED



Studio

Den



Existing view into main living/kitchen space

Referring to original 1999 inspection comments

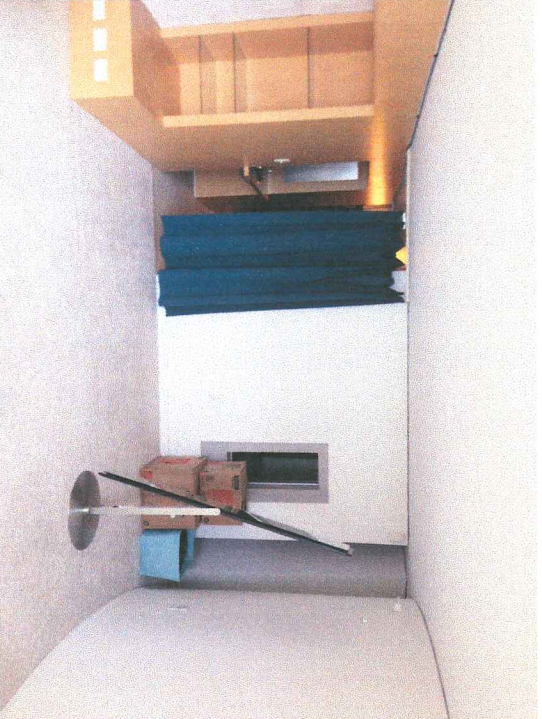
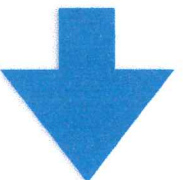
Existing

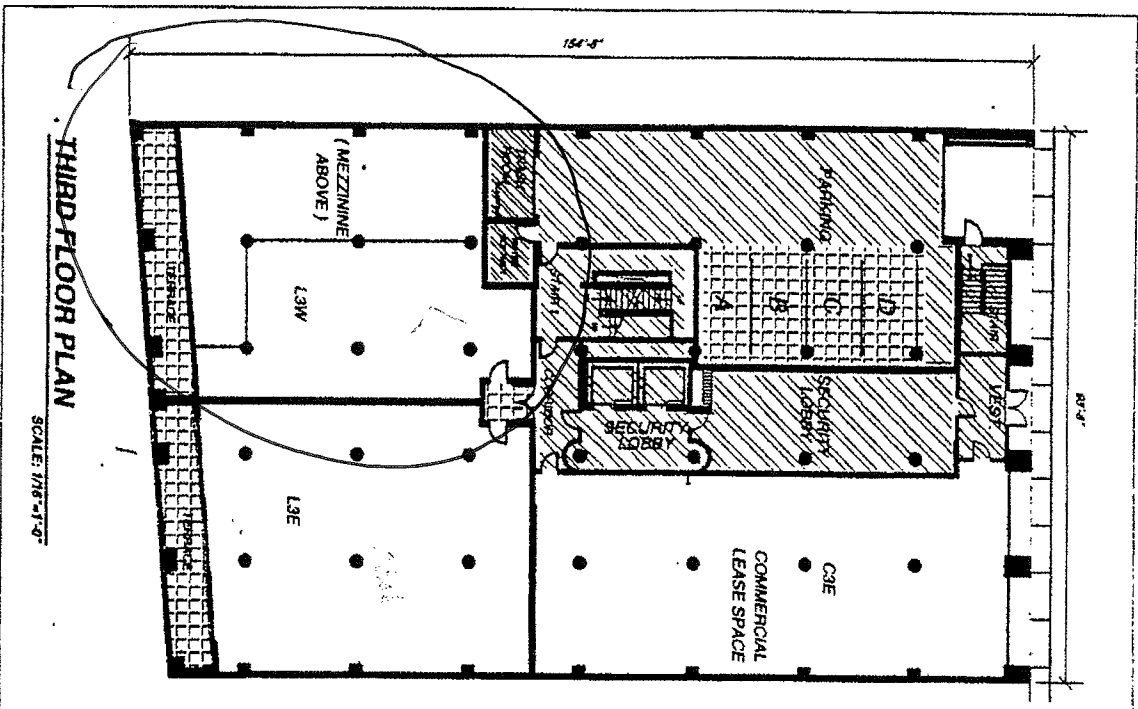
- 8% of room area of natural non borrowed light for habitable rooms
- Openable glazed to 4% of room area
- Den (downstairs) and studio not to be habitable rooms(sleeping or living)

Proposed

- Lake side entrance to be glazed openable doors, Partial glazing between bedrooms and bathroom to allow further natural light. Giving more than existing natural light.
- Studio to be repurposed as closet/storage space only. Den to be repurposed as Pantry /storage

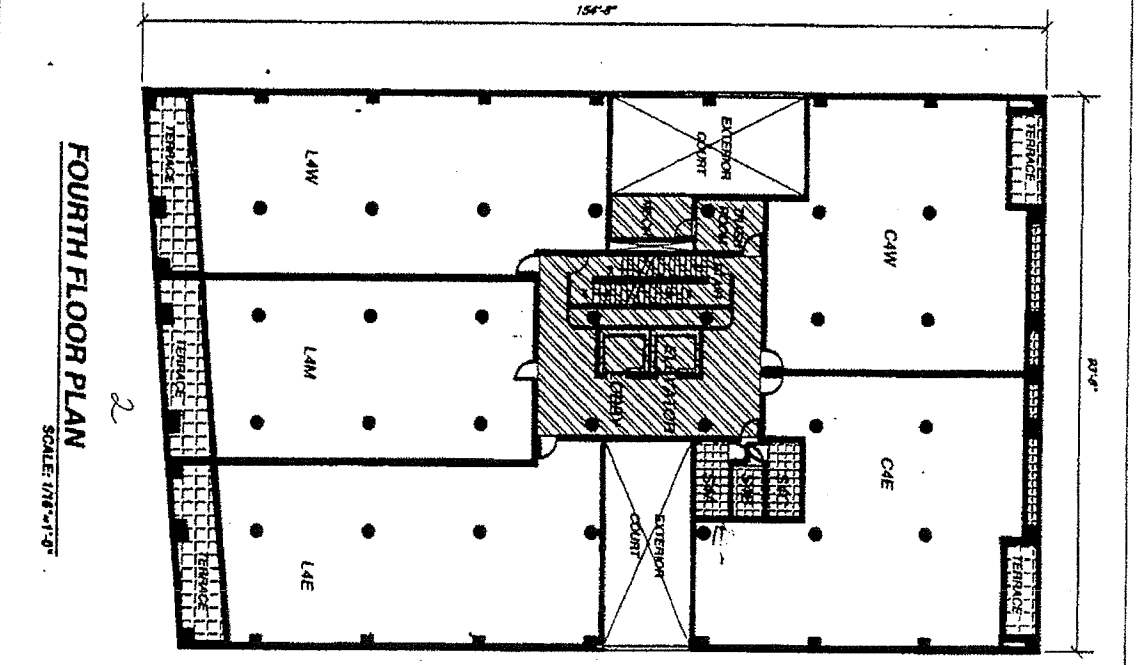
Increase natural light into bathrooms





THIRD FLOOR PLAN

SCALE: 1/8" = 1'-0"



FOURTH FLOOR PLAN

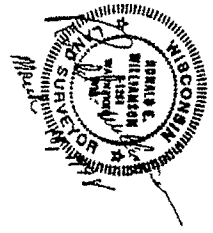
SCALE: 1/8" = 1'-0"

UNION TRANSFER CONDOMINIUMS PLAT
DAVE COUNTY, WISCONSIN

THIRD & FOURTH FLOORS 3 -OF- 25

NOTE:
ALL FLOORING FINISHES ARE EXCEPT WHERE SHOWN OTHERWISE.
ALL FLOORING FINISHES ARE UNLESS OTHERWISE SPECIFIED.
ALL OTHER FINISHES AND CONDITIONS AS SHOWN.

NOT TO BE CONSTRUCTED
 NOT TO BE CONSTRUCTED
 NOT TO BE CONSTRUCTED
 NOT TO BE CONSTRUCTED





City of Madison

CERTIFICATE OF OCCUPANCY

Type of Certificate: **Permanent**

Section	Final By	Date	Section	Final By	Date
Building	LAW	11/30/2001	Heating	JRW	11/30/2001
Plumbing	JRW	11/20/2001	Electrical	DEC	11/16/2001
Fire Prevention	MENEGUIN	10/25/2000	Zoning	GCC	12/08/2000
Completion Statement	PETERS	11/16/2001			

BUILDING INSPECTION UNIT

LL-100, 215 Martin Luther King, Jr. Blvd.
Madison, Wisconsin 53710
(608) 266-4551

Date	<u>12/05/2001</u>
Zoning	<u>PUDSIP</u>
Amount Paid	<u>\$ 0.00</u>
Permit #	<u>200179067</u>

Location 155 E Wilson St

Legal Description PLAT: ORIGINAL PLAT, PART OF LANDS BTWN BLK; LOT: 0; BLOCK: 0

This Certificate of Occupancy is issued to establish for the record that the use of the building at the time of inspection is consistent with the Zoning Ordinances and substantially meets the life safety and health code requirements of the City of Madison.

Description and Use:

Description ALTERATION

Class of Construction (per DILHR 51.03) 2 FIRE-RES TYPE B

Zoning Use MULTIPLE FAMILY DWELLINGS

Nbr. Bedrooms 0.00

Property Use FIVE OR MORE FAMILY RESIDENCE

Dwelling Units 0

Name of Occupant / Business _____

Comments/Notes _____

Parking Lot: Number of Approved Spaces _____ New 0 Existing 0

Mailing Address for Certificate of Occupancy:

Name KENTON DEVELOPMENT

Phone # _____

Fax # _____

Address 324 S HAMILTON ST

MADISON, WI 53703

Director of Building Inspection _____



PLAN EXAMINATION LETTER

Department of Planning and Development
Inspection Unit

215 Martin Luther King, Jr. Blvd.
Madison, Wisconsin 53710
608 266-4559 Fax 608 266-6522

DATE: 3-29-99

TO: KENTON PETERS
KENTON PETERS ARCHITECTS
324 S HAMILTON ST
MADISON WI 53703

Note: This Preprinted Plan Review letter is being used at the discretion of the Plan Examiner to expedite the plan review

RE: Occupancy CH57 MULTI FAMILY
Tenant WELCH (UNIT L3W)
Owner KENTON DEVELOPMENT LLC
Supervising Professional: KENTON PETERS
Square Feet 2250 SQ FT

Project Location
155 E WILSON ST (UNIT L3W)

These plans have been reviewed for compliance with the important code requirements in Chapters ILHR 50 through 64, 66, and 69 of the Wisconsin Administrative Code.

The INTERIOR ALTERATION plans are: CONDITIONALLY APPROVED WITHHELD NOT APPROVED

If the plans are stamped "CONDITIONALLY APPROVED" but all items required to be changed by this letter must be corrected before commencing that part of the work.

This building will be inspected during and after construction. The owner shall be responsible to inform his/her building inspector when work is ready for inspection.

You are advised that the owner as defined in Chapter 101.01(2)(1) of the Wisconsin State Statutes is responsible for all code requirements not specifically cited.

ILHR 50.15 EVIDENCE OF APPROVAL. The architect, professional engineer, designer, builder or owner shall keep at the building, one set of plans bearing the stamp of approval.

THIS BUILDING HAS BEEN CLASSIFIED AS NO. 2 CONSTRUCTION. Sprinklered Unlimited area

COMMENTS:

COMM 57.13(1) REQUIRES HABITABLE ROOMS TO HAVE GLAZED OPEN EQUAL 8% OF ROOM AREA FOR NATURAL LIGHT TO THE OUTSIDE AND NO BORROWED LIGHT ALLOWED.

COMM 57.13(2) REQUIRES OPERABLE GLAZED OPEN EQUAL TO 4% OF ROOM AREA FOR NATURAL VENTILATION IN HABITABLE ROOM.

NOTE: THE DEN AND STUDIO ARE NOT TO BE USED AS HABITABLE ROOMS (SLEEPING ROOMS OR LIVING ROOMS).

COMM 57.16 REQUIRES SMOKE DETECTORS TO BE INSTALLED ACCORDING TO STANDARDS LISTED IN COMM 57.16.

COMM 57.81 REQUIRES ENTRANCE LEVEL OF MULTI LEVEL UNIT ON FLOOR SERVED BY ELEVATOR TO BE FULLY ACCESSIBLE LEVEL.

Page Two Attached

PLANS FOR THE FOLLOWING SHALL BE SUBMITTED TO THIS OFFICE AND APPROVED PRIOR TO THE CONSTRUCTION OF THAT COMPONENT.

Trusses Precast Concrete HVAC Lighting Forms Other

Inspector(s): L A WATSON Phone: 266-4558

Reviewed By: P M TURNER Phone: 266-4558 Supervisor H A SULZER
(Plan Examiner)

Page 2 Comments:

COMM 57.87(2) REQUIRES 1 BATHROOM ON ACCESSIBLE LEVEL TO BE HIGHER LEVEL USABILITY WHICH REQUIRES A PERSON IN A WHEELCHAIR TO BE ABLE TO ENTER THE BATHROOM, CLOSE THE DOOR, MANEUVER TO USE FIXTURES, USE THE FIXTURES, REOPEN DOOR AND EXIT THE BATHROOM. MAKE SURE MASTER BATHROOM IS SIZED TO MEET THE HIGHER USABILITY STANDARDS.

Comm 57.83 REQUIRES DOOR INTO LAUNDRY ROOM TO BE PROVIDING AT LEAST A 32 INCH CLEAR OPENING.

COMM 57.85 REQUIRES LIGHT SWITCHES, ELECTRICAL OUTLETS, THERMOSTATS, OTHER ENVIRONMENTAL AND ELECTRICAL CONTROLS TO BE IN ACCESSIBLE LOCATIONS AS REQUIRED PER COMM 57.85.

COMM 57.86 REQUIRES REINFORCING MASTER BATHROOM WALLS FOR GRAB BARS PER STANDARDS LISTED IN COMM 57.86.

NOTE: OPEN WALL BETWEEN SHOWER AND BEDROOM COULD ALLOW WATER DAMAGE TO TAKE PLACE IN BEDROOM AREA, (THAT'S THE MASTER BEDROOM).

CC: DEVINE deFLON YAEGER ARCHITECTS
603 N MILWAUKEE ST
MILWAUKEE WI 53202

Buildings, HVAC, Lighting Compliance Statement

This form is required to be submitted by the supervising professional (architect, engineer, HVAC designer or electrical designer) observing construction of projects within buildings with total areas exceeding 50,000 cubic feet and construction of antennas, towers, and bleachers (Comm 50.10). Failure to submit this form may result in penalties as specified in Comm 50.26 and/or local ordinances.

General Instructions: Prior to the initial occupancy of new buildings or additions and the final occupancy of altered existing buildings, submit this completed and signed form to:

- The municipal building inspection office and
- Safety and Buildings, P.O. Box 7162, Madison, WI 53707-7162

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

1. PROJECT INFORMATION: Please fill in the following with information from your plan approval letter.

Transaction ID Number: _____

Site Number: _____

Site location (number & street) 155 E. Wilson St.

City Village Town Of _____ Madison _____ County of _____ Dane _____

2. PURPOSE OF THIS STATEMENT: (Check Box A, B, C, or D to indicate purpose and complete any other applicable boxes and information. Attach additional pages if necessary).

Check those which apply: Building Object ID# _____ HVAC Object ID# _____
 Lighting Object ID# _____

Partial Completion _____
Description of Portion Completed _____

A) Statement of Substantial Compliance

To the best of my knowledge, belief, and based on onsite observation, construction of the following building and/or HVAC items applicable to this project have been completed in substantial compliance with the approved plans and specifications.

BUILDING ITEMS

1. Structural system including submittal and erection of all building components (trusses, precast, metal building, etc.)
2. Fire protection systems (sprinklers, alarms, smoke detectors) designed, installed, and tested (including forward flow on back flow devices) by appropriately registered professionals.
3. Shaft and stairway enclosure
4. Exits including exit and directional lights
5. Fire-resistive construction, enclosure of hazards, fire walls, labeled doors, class of construction
6. Sanitation system (toilets, sinks, drinking facilities)
7. Barrier-free including Comm 18 elevators and lifts
8. Comm 63 energy envelope
9. All conditions of building plan approval and applicable variances

HVAC ITEMS

1. HVAC system including final test (Comm 64.53)
2. All conditions of HVAC plan approval and applicable variances

LIGHTING ITEMS

1. Exterior lighting & control requirements
2. Interior lighting & control requirements
3. All conditions of lighting plan approval and applicable variances

The following items are not in compliance and must be addressed: _____

B) Statement of Non Compliance

Due to the following listed violations, this project is not ready for occupancy: _____

C) Supervising Professional Withdrawn From Project (Use A or B above to indicate project status as of this date.)

D) Project Abandoned

3. SUPERVISING PROFESSIONAL SIGNATURE FOR:

Building HVAC Lighting

Gregory R. Hanson
Name (please print or type)

Date: DEC 05 2000

Phone # (608) 271-7500 Customer ID# 260395 Signature _____

Compliance Statement

This form is required to be submitted by the architect, engineer, or HVAC designer (supervising professional) observing construction of projects within buildings with total volumes exceeding 50,000 cubic feet and construction of antennas, towers and bleachers (ILHR 50.10). Failure to submit this form may result in penalties as specified in ILHR 50.20 and/or local ordinances.

General Instructions: Prior to the initial occupancy of new buildings or additions and the final occupancy of altered existing buildings, submit this completed and signed form to:

- The municipal building inspection office and
- DILHR, Safety and Buildings, P.O. Box 7969, Madison, WI 53707

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

PROJECT INFORMATION: (Use the DILHR or municipal project label, or type or print the information. If label is used, no additional entry is needed on part 1.)

Owner Information		Project Information	
Name	Kenton Peters	Building Occupancy Chapter(s) & Use	Chapter 57
Company Name	Kenton Development L.L.C.	Tenant Name (if any)	WELCH
Number and Street	324 S. Hamilton St.	Building Location (number & street)	199 E. Wilson St.
City	Madison	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of	
State and Zip Code	Wisconsin 53703	County of	Dane
Plan or Reference Number		Property Identification Number	
Name and Registration Number of the Building Supervising Professional	Kenton Peters AZ431	Name and Registration Number of the HVAC Supervising Professional	Kenton Peters AZ431

2. PURPOSE OF THIS STATEMENT: (Check Box A, B, C or D to indicate purpose and complete any other applicable boxes and information. Attach additional pages if necessary.)

- Building and HVAC
 Building Only
 HVAC Only
 Partial Completion
- Description of Portion Completed: CONDOMINIUM UNIT L3W

A) Statement of Substantial Compliance

To the best of my knowledge, belief, and based on onsite observation, construction of the following building and/or HVAC items applicable to this project have been completed in substantial compliance with the approved plans and specifications.

BUILDING ITEMS

1. Structural system including submittal and erection of all building components (trusses, precast, metal building, etc.)
2. Fire protection systems (sprinklers, alarms, smoke detectors) designed, installed and tested (including forward flow on back flow devices) by appropriately registered professionals
4. Shaft and stairway enclosures
3. Exits including exit and directional lights
5. Fire-resistive construction, enclosure of hazards, fire walls, labeled doors, class of construction
6. Sanitation system (toilets, sinks, drinking facilities)
7. ILHR barrier free requirements
8. All conditions of building plan approval and applicable variances

HVAC ITEMS

1. HVAC system including final test (ILHR 64.53)
2. All conditions of HVAC plan approval and applicable variances

The following items are not in compliance and must be addressed: _____

B) Statement of Noncompliance

Due to the following listed violations, this project is not ready for occupancy: _____

C) Supervising Professional Withdrawn From Project (Use A or B above to indicate project status as of this date.)

D) Abandoned

SUPERVISING PROFESSIONAL SIGNATURES

Supervising Professional for:

BOTH Bldg & HVAC

Bldg ONLY

HVAC ONLY

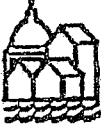
Date

Date

Date

10/17/99

City of
Madison



Building Plans Approval Application

Department of Planning and Development
Inspection Unit
215 Martin Luther King Jr. Blvd.
Madison, WI 53710
608 266-4558 608 266-4559
608 266 6522 Fax

Map

INSTRUCTIONS: Fill in all applicable data. Submittal of this plan approval Application form is required with each plan submittal, with a minimum of two sets of plans. Data required is described in code section ILHR 50.12. **SUBMIT PLUMBING PLANS SEPARATELY, ACCOMPANIED BY A PLUMBING PLAN APPLICATION FORM.**

1. Owner Information		2. Project Information		3. Building or Structural Designer			
Name KENTON PETERS		Building Occupancy Chapter(s) and Use 57		Designer Registration # KENTON PETERS			
Company Name KENTON DEVELOPMENT LLC		Tenant Name (if Any) WELCH L3W		Design Firm KPA			
Address 524 S. Hamilton		Building Project Location (Number & Street) 155 E. WILSON		Address 324 S HAMILTON			
City / State / Zip Code MADISON WI 53703		Municipality <input checked="" type="checkbox"/> City Of Madison <input type="checkbox"/> Other _____		City / State / Zip Code MADISON WI 53703			
Contact Person KENTON PETERS		Has a Building Variance Been Applied For? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Contact Person KENTON PETERS			
Telephone Number (608) 255 5836		Approval # _____		Telephone Number (608) 255-5838			
Fax Number (608) 255 0126				Fax Number (608) 255 426			
4. Construction Class Requested			5. HVAC Designer Information				
<input checked="" type="checkbox"/> 1. Fire Resistive Type A <input type="checkbox"/> 2. Fire Resistive Type B <input type="checkbox"/> 3. Metal Frame <input type="checkbox"/> 4. Heavy Timber <input type="checkbox"/> 5a. Exterior Masonry Protected <input type="checkbox"/> 5b. Exterior Masonry Unprotected <input type="checkbox"/> 6. Metal Frame Unprotected <input type="checkbox"/> 7. Wood Frame Protected <input type="checkbox"/> 8. Wood Frame Unprotected			Designer Registration # _____ Design Firm _____ Address _____ City / State / Zip Code _____ Contact Person _____ Telephone Number () _____ Fax Number () _____				
If the plans do not show compliance with requested construction class but are approvable at a lower class, do you wish approval at a lower class? <input type="checkbox"/> Yes <input type="checkbox"/> No							
6. Building Information		7. Submittal Request		8. Supervising Professional Info			
<input checked="" type="checkbox"/> Complete Sprinkler - NFPA _____ <input type="checkbox"/> Partial Sprinkler - NFPA _____ <input type="checkbox"/> Unlimited Area <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Emergency Power <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Hazard Enclosure <input type="checkbox"/> Total Number of Stories _____ <input type="checkbox"/> Building Footprint Area _____ sq ft <input type="checkbox"/> Soil Bearing Capacity _____ psf <input type="checkbox"/> Presumed <input type="checkbox"/> Verified		Project <input checked="" type="checkbox"/> New <input type="checkbox"/> Interior Alteration <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Add. and Alt. <input type="checkbox"/> Repair <input type="checkbox"/> Revisions <input type="checkbox"/> Canopy <input type="checkbox"/> Other _____		Review Requested <input type="checkbox"/> Footing / Foundation <input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Truss <input type="checkbox"/> Precast <input type="checkbox"/> Structural <input type="checkbox"/> Metal Building <input type="checkbox"/> Lighting		<input type="checkbox"/> For Building <input checked="" type="checkbox"/> Same as Building Designer <input type="checkbox"/> For HVAC <input type="checkbox"/> Same as HVAC Designer Supervising Prof. (if Different From Designer) Registration # _____ Address _____ City, State, Zip Code _____ Telephone Number () _____	

9. 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, balconies, lofts, all stories and all roofed over areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the sum of all said areas. For alterations only the floor area being remodeled need to be calculated.

Attach a separate sheet of paper if necessary for the calculations below:

New Buildings and Additions		\$100.00	Minimum	
Building	Area	s.f.— \$0.03/s.f.	\$	
HVAC	Area	s.f.— \$0.02/s.f.	\$	
Alterations to Existing Buildings		\$100.00	Minimum	
Building	Area	s.f.— \$0.04/s.f.	\$	100
HVAC (Separate Submittal only)		s.f.— \$0.03/s.f.	\$	
Structural (Separate Submittal only)			\$	
Revisions to previously reviewed plans		\$100	\$	
Other			\$	
Priority Review	(Total of above Fees)		\$	
			Total	\$ 100

Date
<input type="checkbox"/> C/O Req <input type="checkbox"/> Zoning

10. Designers Statement DESIGN AND SUPERVISION (ILHR 50.07-50.10) if this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are Required to be prepared, signed, sealed, and dated by a Wisconsin registered architect or engineer (ILHR 50.07 (2)). Signatures and seals shall be original.

The department expects and 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

Total cubic foot volume of the building upon completion of this project: Less than 50,000 50,000 or greater

Design loads have been indicated on the plans Yes N/A

Firewall schematic plan has been included Yes N/A

All Applicable items required by ILHR 50.12 have been included Yes N/A

I certify that the submitted plans were prepared under my supervision, are accurate, and to the best of my knowledge comply with the applicable codes of the Department of Industry, Labor, and Human Relations

Original Signature of the Building Designer	Date Signed	Original Signature of HVAC Designer	Date Signed
<i>[Signature]</i>	8/22/95		
Original Signature of component Designer	Date Signed	Name of Component Design Firm	

11. Supervising Professional's Statement: I have been retained by the owner as the supervising professional per ILHR 50.10 for the performance or 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 certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial with the approved plans and specifications.

Original Signature of Professional Supervising the Building	Date Signed	Original Signature of Professional Supervising the HVAC	Date Signed
<i>[Signature]</i>	8/22/95		

Supervising Professionals Signature must be included for Buildings greater than 50,000 Cubic feet or Submittal will be rejected.

CITY OF MADISON BUILDING INSPECTION 215 Martin Luther King Jr. Boulevard P.O. Box 2984 Madison, WI 53701-2984		Madison Uniform Building Permit Application			Permit No. B199083016
					Parcel No. 0709-242-1305-5
PROJECT LOCATION		Construction			
Building Address 155 E Wilson St		Phone	Lot No.	Block No.	
Zoning District PUDSIP	Lot Area 14,686.00	Subdivision sq. ft. ORIGINAL PLAT, PART OF LANDS BTWN BLK			
PERMIT REQUESTED					
Contractor's Name KRUPP CONSTRUCTION		Mailing Address 2020 EASTWOOD DR MADISON, WI 53704		Phone (608)249-2020/ Fax (608)249-2053	Project Owner
Owner's Name UNION TRANSFER CDM ASSN INC % KENTON PETERS		Mailing Address 324 S HAMILTON ST MADISON, WI 53703		Phone	Building Inspector Assigned ROY A WATSON (608)266-4598
PROJECT					
ALTERATION					
USE	PROPERTY USE			CONST. TYPE	
Residential	CONDOMINIUM			Site Constructed	
CONST. CLASS		FOUNDATION	STORIES	USE (Res.)	UNITS Added or Deleted
1 FIRE-RES TYPE A		Not entered	0	Permanent	+1
AREA	ELECTRICAL			SEWER	WATER
sq. ft.	Entrance Panel Size: Not entered		Service: Not entered	Municipal	Municipal
HVAC EQUIPMENT LIST					
Make	Model	Type	Fuel	BTU	
BRIEFLY DESCRIBE PROJECT: 1.3W-WELCH-NEW CONDO UNIT					
NOTE: Mechanical Supplement sheets provided with this application must be completed and returned to the Inspection Unit by the appropriate Plumbing, HVAC, and Electrical contractors prior to start of work. No inspection will be made until received.				ESTIMATED COST: \$ 101,000.00	
FEES		CONDITIONS OF APPROVAL This permit is issued to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.			
AL.T.& REPAIR GR5	909.00	DEPARTMENTAL HOLDS: BIL9W L9E			
C/O (WITH PERMIT)	10.00	EXISTING CONDITIONAL USE PERMIT			
ZONING	0.00	NEAR NOISE POLLUTION SOURCE - RAILROAD - 61 Decibels			
PLAN REVIEW FEE	100.00 Pd	NEAR NOISE POLLUTION SOURCE - STREET - 61 Decibels			
		NOT IN A DESIGNATED FLOOD PLAIN			
		PERMIT ISSUED BY:	DATE:	ZONING APPROVAL:	
		BOB M TURNER	04/01/1999		
TOTAL DUE: \$ 919.00		STATE SEAL NO.	0		

APPLICANT (Last Name, First Name)		Certificate of Electrical Inspection	
SERVICE ADDRESS	UTILITY		
155 E Wilson St			
PERMIT NO.	ELECTRICAL CONTRACTOR	Krautz FEB 11 29/99	

This is to certify that final service inspection was made at the above service address and connection of the service is authorized.

- Overhead
- Underground

- New Service 1Ø 3Ø
- New Meter 1Ø 3Ø
- New Meter SC TT
- Change Service 1Ø 3Ø
- Change Meter 1Ø 3Ø
- Change Meter SC TT

REMARKS L3W	INSPECTOR FOR		
	<input checked="" type="checkbox"/> CITY	<input type="checkbox"/> TOWNSHIP	<input type="checkbox"/> VILLAGE
OF:	INSPECTOR'S SIGNATURE		DATE
	<i>[Signature]</i>		9/29/99

Distribution: White - Electrical Inspector Yellow & Pink - Utility

00 10 01-99

mle



City Of Madison

ELECTRICAL

Permit

Property located at: 155 E Wilson St		Permit date: 04/02/1999	Permit number: E199083016
Owner name UNION TRANSFER CDM ASSN INC % KENTON PETERS		Owner mailing address 324 S HAMILTON ST MADISON, WI 53703	
CONTRACTOR GENERAL: KRUPP CONSTRUCTION			
Contractor Name: KRANTZ ELECTRIC, INC.		License holder number 10133	
Contractor Mailing address 2650 N NINE MOUND RD VERONA, WI 53593		Phone (608)845-9156/ Fax: (608)845-7584	

This permit is issued for execution of the work indicated. It is hereby agreed that all work will be installed in accordance with all City of Madison Ordinances and department rules relating to such work.

TYPE OF BUILDING: **CONDOMINIUM**

NATURE OF JOB:
ALTERATION

FEES: NEW BUILDINGS & ADDITIONS TO EXISTING BUILDING - Fee paid at time of issuing building permit.

EXISTING BUILDING

(Number of Openings Added) (Includes: Convenience Outlets, Switches, Fixture, Fixed Appliances, etc.)

Minimum fee \$10.00

\$2.00 per opening for the first 20 openings, plus

\$1.50 per opening for the additional 21-40 openings, plus

\$1.00 per opening for the additional 41-99 openings, plus

\$0.50 per opening for all openings over 100.

FEES:

Item	Quantity	Unit Cost	Min. Fee	Extension
NO FEE PERMIT	0.00	0.04 sq ft	20.00	0.00

Multi-Tenant Shell Building

TOTAL INSPECTION FEES

.00

DESCRIPTION OF WORK BEING PERFORMED:

L3W-WELCH-NEW CONDO UNIT

ml2



City Of Madison

HEATING

Permit

Property located at: 155 E Wilson St	Permit date: 04/02/1999	Permit number H199083016
Owner name UNION TRANSFER CDM ASSN INC % KENTON PETERS	Owner mailing address 324 S HAMILTON ST MADISON, WI 53703	

CONTRACTOR GENERAL: KRUPP CONSTRUCTION

Contractor Name: KILGUST MECHANICAL, INC.	License holder number 10140
Contractor Mailing address 6950 GISHOLT DR MADISON, WI 53713	Phone (608)222-9196/ Fax: (608)222-3339

This permit is issued for execution of the work indicated. It is hereby agreed that all work will be installed in accordance with all City of Madison Ordinances and department rules relating to such work.

TYPE OF BUILDING: **CONDOMINIUM**

NATURE OF JOB:
ALTERATION

FEES: NEW BUILDINGS & ADDITIONS TO EXISTING BUILDING - Fee paid at time of issuing building permit.

EQUIPMENT LIST

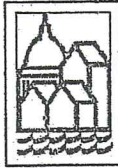
Make	Model	Type	Fuel	BTU

Item	FEES:			
	Quantity	Unit Cost	Min. Fee	Extension
NO FEE PERMIT	0	variable	21.00	0.00

Multi-Tenant Shell Build-out

TOTAL INSPECTION FEES **.00**

DESCRIPTION OF WORK BEING PERFORMED:
L3W-WELCH-NEW CONDO UNIT



City Of Madison

PLUMBING

Permit

mlc

Property located at: 155 E Wilson St	Permit date: 04/02/1999	Permit number: P199083016
Owner name: UNION TRANSFER CDM ASSN INC % KENTON PETERS	Owner mailing address: 324 S HAMILTON ST MADISON, WI 53703	

CONTRACTOR GENERAL: KRUPP CONSTRUCTION

Contractor Name: MONONA PLUMBING & FIRE PROTECTION	License holder number: 5800
Contractor Mailing address: 3126 WATFORD WY MADISON, WI 53713	Phone: (608)273-4556/ Fax: (608)273-8492

This permit is issued for execution of the work indicated. It is hereby agreed that all work will be installed in accordance with all City of Madison Ordinances and department rules relating to such work.

TYPE OF BUILDING: **CONDOMINIUM**

NATURE OF JOB:
ALTERATION

FEES: NEW BUILDINGS & ADDITIONS TO EXISTING BUILDING - Fee paid at time of issuing building permit.
(Includes interior plumbing, water service, building sanitary and storm sewer).

EXISTING BUILDING (List type and number of various fixtures or appliances being installed.)

Type	No.	Type	No.	Type	No.

FEES:

Item	Quantity	Unit Cost	Min. Fee	Extension
NO FEE PERMIT	0.00	0.03 sq ft	20.00	0.00

Multi-Tenant Shell Build-out

TOTAL INSPECTION FEES

.00

DESCRIPTION OF WORK BEING PERFORMED:

L3W-WELCH-NEW CONDO UNIT

Agent Detail



Kitty Kuhl
 (608) 220-1188
 First Weber Group Inc
kuhkl@firstweber.com

Views

-Customer Full

Listings

155 E WILSON ST
 MADISON, WI 53703
[MLS: 283479](#) Price: \$462,500



MLS #: 283479	Sold	Condo	Price: \$549,900
155 E WILSON ST	# 102	City Madison	E01
County: Dane	Mailing City:		
Project Name: UNION TRANSFER	WI	53703	
Bedrooms: 2	Est. Fin Above Grade SqFt: 3,643		
Full Baths: 2	Est Fin Below Grd Exp SqFt: 0		
Half Baths: 1	Est. Finished Non-Exp SqFt: 0		
	Est. Total Finished SqFt: 3,643		
Condo Fee: \$ 272	Estimated Age: 2		
Floor: 1	Units in Building: 25		
Open House:			<i>Documents (if any):</i>
			<i>Click M for Map:</i>

Directions: JOHN NOLEN DR TO E WILSON

	Lvl	Dim	Lvl	Dim	Lvl	Dim	Baths					
Living Rm:	M	32X27	Mstr BedRm:	M	25X13	Laundry:	M		Full	Half	1/4	
Dining Rm:	M	14X17	2nd BedRm:	U	22X13	OFFICE:	M	10X12	Upper:	1	0	0
Kitchen:	M	13X17	3rd BedRm:	N					Main:	1	1	0
Family/Rec:	N	X	4th BedRm:	N					Lower:	0	0	0

School District: Madison Elementary: Call School District Middle: Call School District High: East

Legal: UNION TRANSFER CONDOMINIUMS UNIT L3W Units in Assoc: 25
 Parcel #: [0709-242-1404-5](#) Zoning: PUDSIP Proposed Units: 25
 Builder: KENTON PETER Net Taxes: \$ 11,703 / 2000

Type	Townhouse-2 Story	Fuel	Natural gas
Mstr Bedrm Bath	Full	Heating/Cooling	Forced air, Central air
Dining	Living-dining combo	Water/Waste	Municipal water, Municipal sewer
Kitchen Features	Breakfast bar, Range/Oven, Refrigerator, Dishwasher, Disposal	Roof	Rubber/Membrane
Fireplace	Gas burning, Living room	Barrier-free	Open floor plan, Ramped or level entrance, First floor bedroom, First floor full bath
Basement	None	Miles to Capitol	0-10 miles
Parking per Unit	Underground, 2 spaces, Opener inc	Terms/Misc.	Cash, Large dogs OK
Exterior	Brick/Stone, Stucco	Waterfront	Waterview-No frontage, Lake
Condo Mgmt	Professional offsite	Lake/River	MONONA
Fee Includes	Parking, Water/Sewer, Management, Trash removal, Snow removal, Common area maintenance, Common area insurance, Reserve fund		
Interior Features	Walk-in closet(s), Great room, Cathedral/vaulted ceiling, Private Laundry, Washer, Dryer, Jetted bathtub, All window coverings, At Least 1 tub		
Exterior	Brick/Stone, Stucco		
Common Amenities	Exercise room, Security system, Close to busline, Elevator		

DECORATOR'S DREAM! TRENDY WAREHOUSE LOFT-STYLE CONDO WITH MANY GREAT VIEWS OF SPARKLING LAKE MONONA! WALLS OF YEARS, 2 STORY GREAT ROOM, 2 PRIVATE SLEEP SUITES, DEN, SOARING FIREPLACE, CATWALK, LOFT, 2 OUTDOOR BALCONIES, 2 UNDERGROUND PARKING SPACES AND SO MUCH MORE! VIEW THIS EXCEPTIONAL PROPERTY WITH AN OPEN MIND TOWARD THE ENDLESS POSSIBILITIES!

Sold Price: \$462,500 Concessions: Closing Date: 6/25/2001
 This information provided courtesy of: First Weber Group Inc

Accuracy of information is not guaranteed and should be verified by buyer if material. Equal Housing Opportunity listing. Copyright 2014 SCWMLS



Kitty Kuhl
 First Weber Group Inc
 (608) 220-1188
kuhkl@firstweber.com

