



City Of Madison

Building Plan Approval

Application

Department of Planning & Economic & Community Development
 Inspection Division
 215 Martin Luther King Jr. Blvd. Rm LL-100
 Madison WI 53703
 P.O. Box 2984 (zip code 53701-2984)
 (608) 266-4551 Fax (608) 266-6522

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. **SUBMIT PLUMBING PLANS SEPARATELY, ACCOMPANIED BY AN APPLICATION FORM.**

1. Occupancy type		2. Project information		3. Type of submittal	
Check all that apply <input checked="" type="checkbox"/> A. Assembly <input checked="" type="checkbox"/> B. Business <input type="checkbox"/> C. Child day care <input type="checkbox"/> D. Detention <input type="checkbox"/> E. Education <input type="checkbox"/> F. Factory <input type="checkbox"/> G. Food service <input type="checkbox"/> H. Hazardous <input type="checkbox"/> I. Institutional <input type="checkbox"/> J. Judicial <input type="checkbox"/> K. Library <input type="checkbox"/> L. Mercantile <input type="checkbox"/> M. Residential <input type="checkbox"/> N. Storage <input type="checkbox"/> O. Utility	Circle sub use A1 <input checked="" type="radio"/> A2 A3 A4 A5 school daycare F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 I4 R1 R2 R3 R4 S1 S2	Project Address 502 STATE STREET Tenant or occupant name KOI SUSHI Has a building code variance been applied for? Yes: <input checked="" type="radio"/> No: <input type="radio"/> Variance approval number:		Project type <input type="checkbox"/> New <input type="checkbox"/> Alteration level 1 2 3 <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Capacity only	Review type <input type="checkbox"/> Foundation only <input checked="" type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Truss <input type="checkbox"/> Precast building <input type="checkbox"/> Metal building <input type="checkbox"/> Antenna / Tower
Brief project description REPAIR UNAUTHORIZED WALL OPENINGS					
4. Project designer		5. HVAC designer		6. Building owner	
Designer RUSS KOWALSKI	Reg. # A-5491	Designer	Reg. #	Company name 502 STATE ST LLC	
Design Firm GMK ARCHITECTURE		Design Firm		Name	
Address 3220 SYENE ROAD		Address		Address 502 STATE ST.	
City/state/zip code MADISON WI 53705		City/state/zip code		City/state/zip code MADISON, WI 53703	
Contact person RUSS		Contact person		Contact person JING XUN JIANG	
Telephone Number (608) 217-0585		Telephone Number ()		Telephone Number (608) 467-6801	
email russquke@gmkarch.com		email		email	
7. Class Of Construction		8. Building information			
<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input checked="" type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB		Total stories of building 2 Total floor area for each floor work is done on: Floor: <u>1</u> Area: <u>100</u> sq. ft. Floor: <u>2</u> Area: <u>100</u> sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft. Floor: _____ Area: _____ sq. ft.			
		<input type="checkbox"/> Complete Sprinkler (<input type="checkbox"/> 13 (<input type="checkbox"/> 13R) <input type="checkbox"/> Partial Sprinkler explain: <input type="checkbox"/> Unlimited Area If areas are separated by fire barriers or firewalls give the reason for the separation.			
9. Building permit information					
Building contractor (for building plans)			HVAC Contractor (for HVAC plans)		
Estimated Cost: For alterations do not include HVAC, plumbing, or electrical costs					
New/addition: (total) \$		Alteration: (no MEP) \$		New Parking Lot: \$	

Fees: The area of a new building or addition is the floor area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. The area includes all floor levels such as basements, ground floors, mezzanines, balconies, lofts, garages, all stories, and all roofed over area including porches. The area of alterations includes all areas affected by the alteration on both sides of any new or moved walls. The minimum fee for any review other than for structural components is \$100.

New Buildings and Additions.

Building	Area	s.f.---	\$0.03/s.f.	\$	_____
HVAC	Area	s.f.---	\$0.02/s.f.	\$	_____

Alterations to Existing Buildings

Building	Area	200	s.f.---	\$0.04/s.f.	\$	100.00
HVAC (Separate Submittal only)			s.f.---	\$0.03/s.f.	\$	_____
Structural (Separate Submittal only)				\$50 per component	\$	_____
Revisions to previously reviewed plans				\$100	\$	_____
State Administrative Fee (see schedule)					\$	_____
Other					\$	_____
				Total	\$	100.00 round up to nearest whole dollar

For Office Use Only

Date _____

Fees Collected By

C/O Req. Zoning

If the total volume of the building is greater than 50,000 cubic feet signatures are required in the proper blanks below and the plans are required to have original seals and signatures by a licensed architect, engineer, or HVAC designer. Per SPS 361.20, 361.31(1) & 361.50 The designer indicated on page 1 of this form is responsible for preparing or supervising the preparation of the plans to the best of his or her knowledge to comply with the applicable codes of the Division of Safety and Buildings for this submittal.

If the total volume of the building is less than 50,000 cubic feet no signatures are required below. The total volume of the building is:
 () less than 50,000 cubic feet 50,000 cubic feet or greater

Supervising Professionals Signature must be included for Buildings greater than 50,000 cubic feet or the submittal will be rejected.

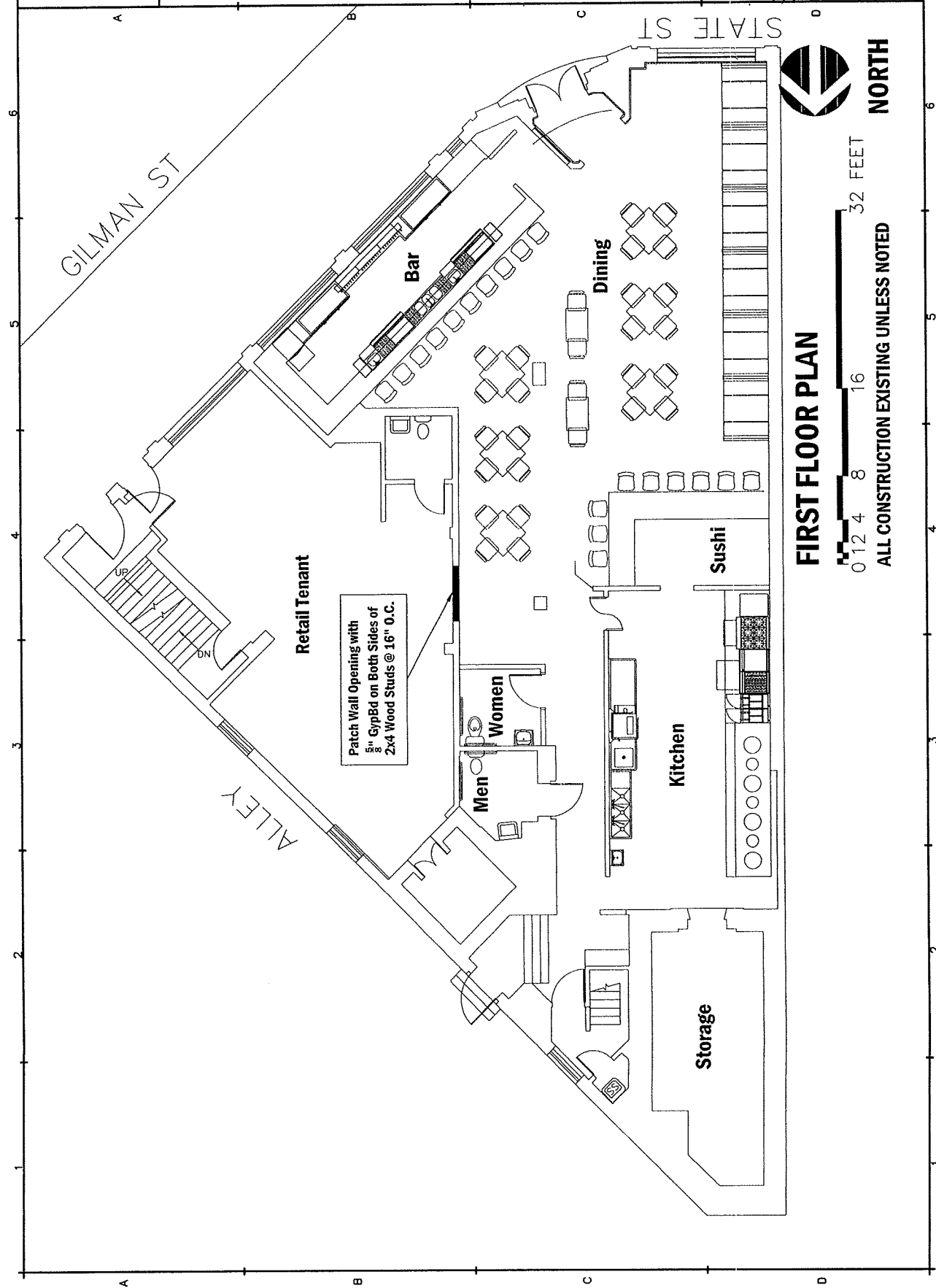
11. Supervising Professional's Statement: I have been retained by the owner as the supervising professional per SPS. 361.40 for the performance or supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the City of Madison Neighborhood Preservation Inspection Division 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.

Supervising Professional Signature		<input checked="" type="checkbox"/> Building	<input type="checkbox"/> HVAC	Registration #	A-5A91
Print Name	RUSSELL HOWALSKI				
Supervising Professional Signature	_____	<input type="checkbox"/> Building	<input type="checkbox"/> HVAC	Registration #	_____
Print Name	_____				

12. Designer of record to complete this section only for component submittals such as trusses, precast, and manufactured metal buildings. Please submit only one set of plans and calculations for components.

The Department of Safety & Professional Services 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. Components include such things as trusses, precast, and manufactured metal buildings.

Signature of Building Designer of Record _____ Date Signed _____



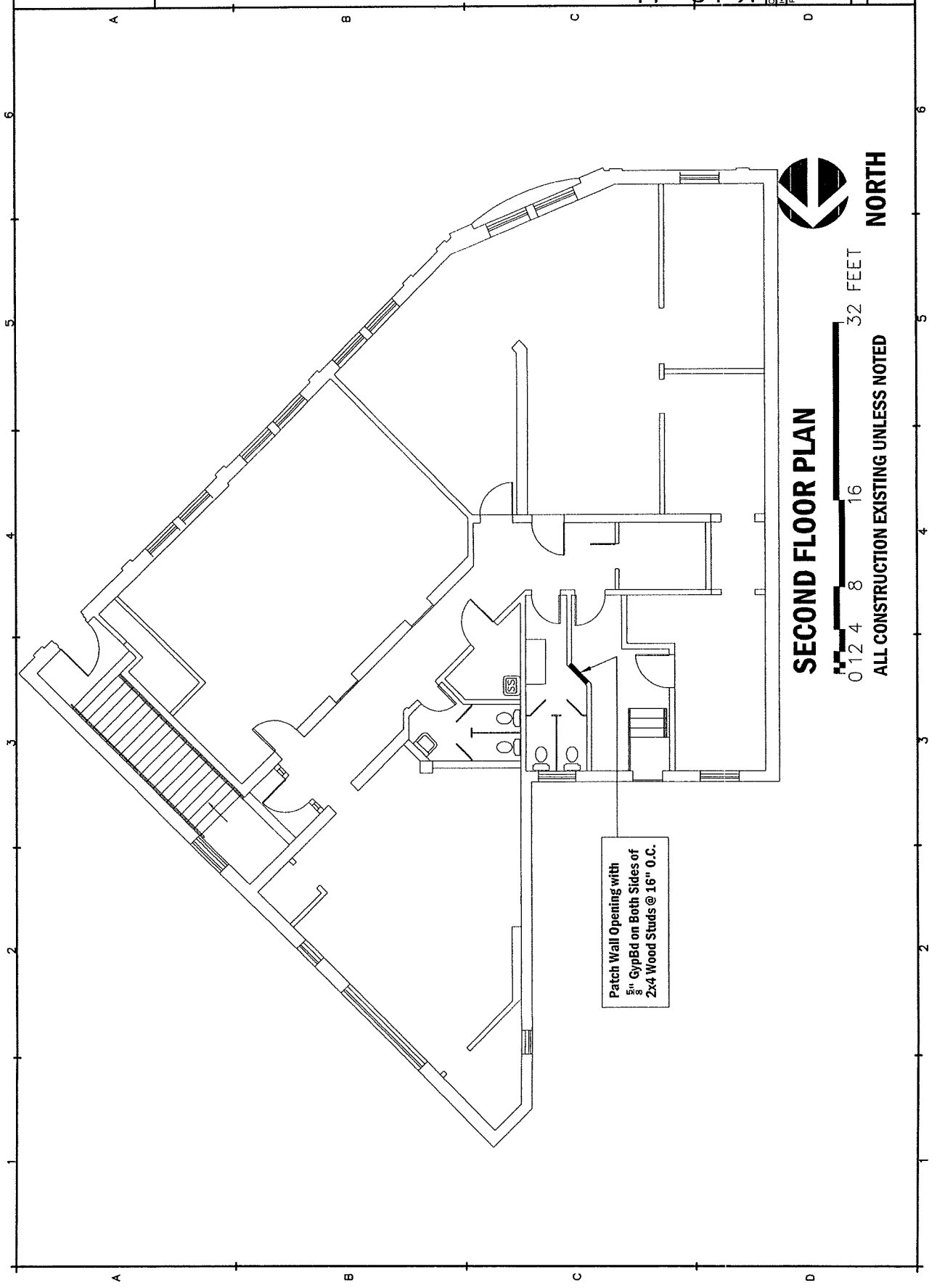
FIRST FLOOR PLAN



ALL CONSTRUCTION EXISTING UNLESS NOTED



NORTH



NORTH

SECOND FLOOR PLAN

0 4 8 16 32 FEET

ALL CONSTRUCTION EXISTING UNLESS NOTED

Patch Wall Opening with
 5/8" GypBd on Both Sides of
 2x4 Wood Studs @ 16" O.C.