

Change of Premises

Fee: \$25.00

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

Class A: Beer, Liquor, Cider
Class B: Beer, Liquor,
 Class C Wine

licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)

(Legistar file number)
LIC/CH-2020-00249

(License number)
12 504

(Alder District #) (Police Sector)
Office Use Only

Licensed Premises Information

This application modifies existing alcohol license number: LICOPR-2018-01009023

Business dba Name: BEEF BUTTER BBQ

Licensed Address: 3001 N. SHERMAN AVE.

Liquor/Beer Agent Name: PATRICK RIHA

1 % Alcohol, 99 % Food, 0 % Other Alder, District #: 12 Police Sector: ~~NEAT~~
504

Corporate Information

Business Legal Name (as on WI State Sellers Permit): BEEF BUTTER BBQ LIC

Business Mailing Address: 3001 N. SHERMAN AVENUE

Business Contact Name, Position: PATRICK RIHA OWNER

Business Phone: 608-640-5000 Business Email: PATRICK.RIHA@BEEFBUTTERBBQ.COM

Current Capacity (indoor): 100 75 Current Capacity (outdoor): 70

Proposed Capacity (indoor): 100 92 Proposed Capacity (outdoor): 100 72
If your capacity is increasing, contact Building Inspection: (608) 266-4551, binspection@cityofmadison.com

Description of Proposed Changes: ADDING SEATS INDOOR
& OUTDOOR

Detailed Floor Plans included (required)

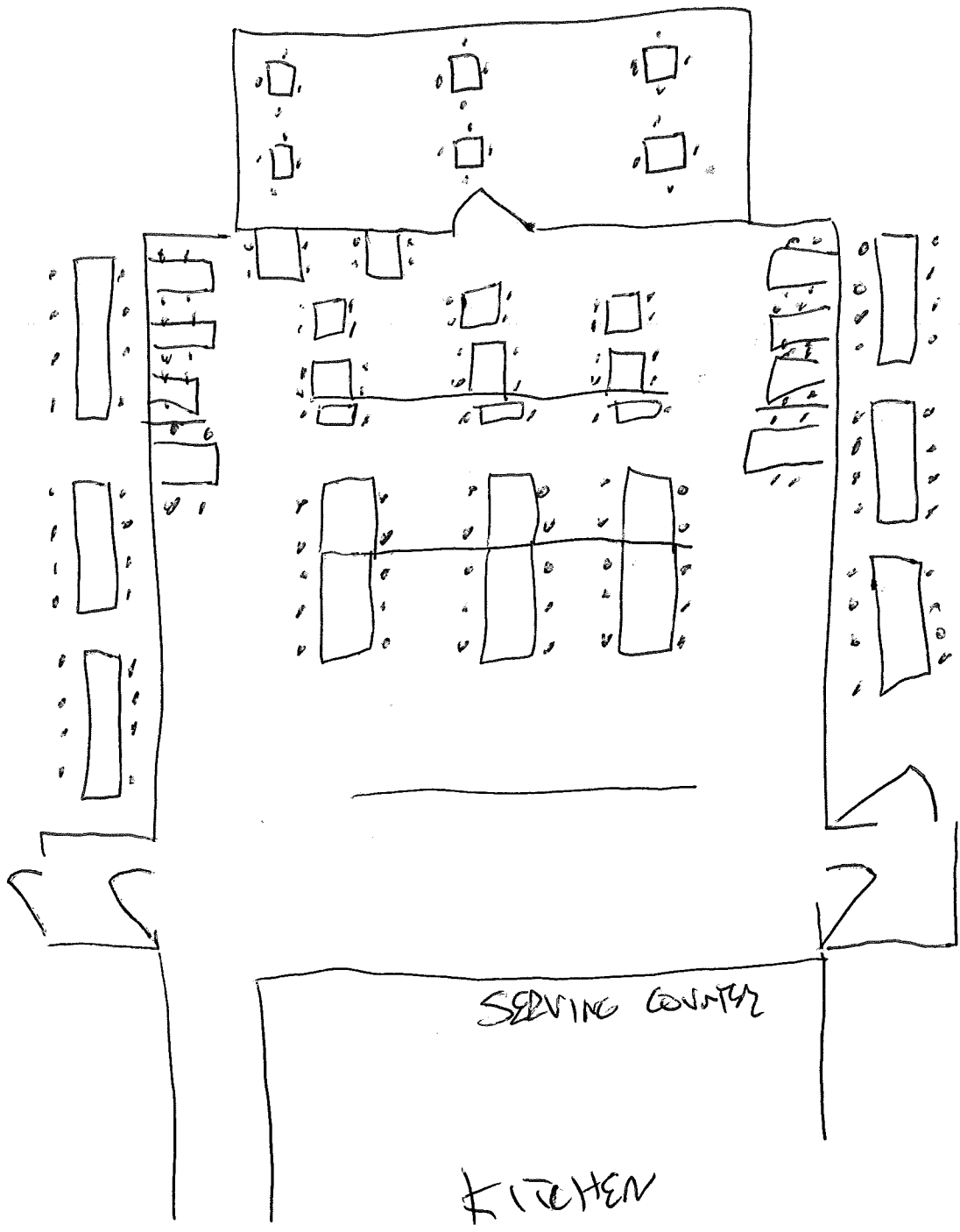
Authorized Signature: [Signature], Date: 4/27/2020

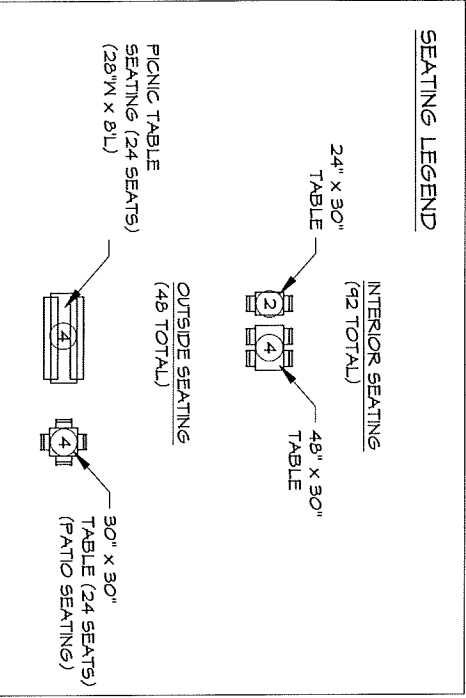
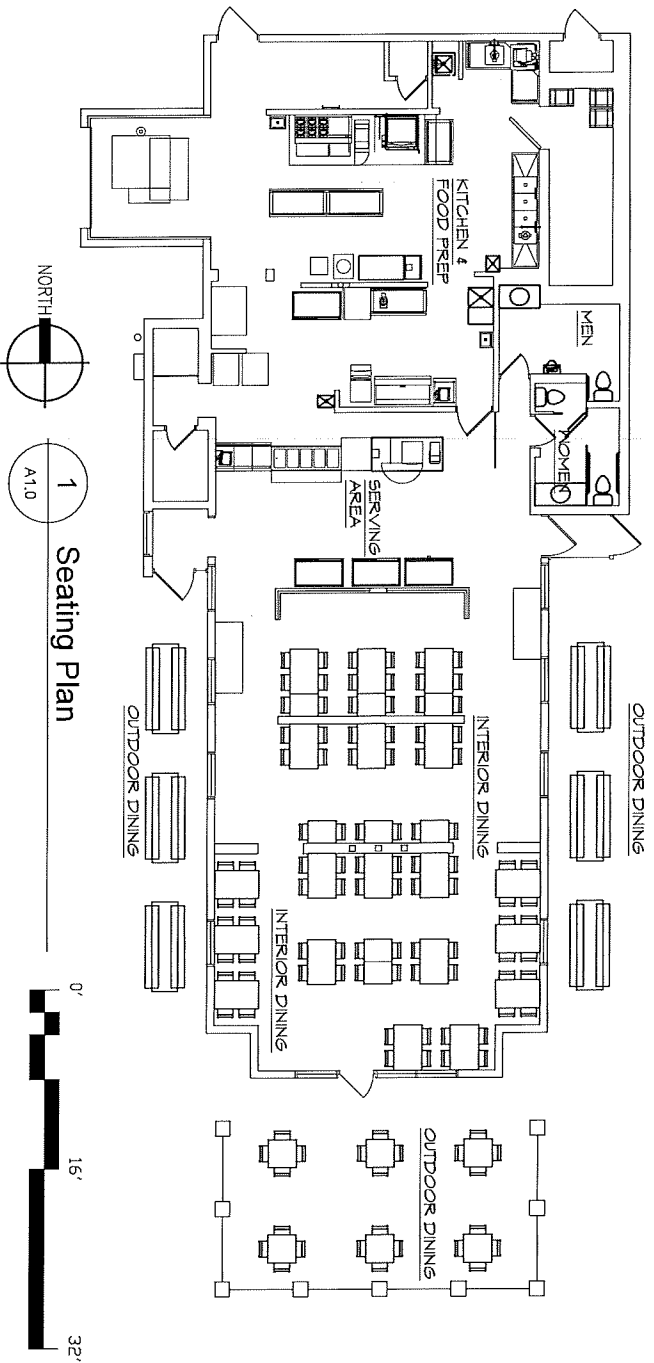
Orange sign and business card issued

"License Renewals & Changes" brochure with next steps issued

Office Use Only

BEEF BUTTER BBQ
3001 N. SHERMAN AVE.
MADISON, WI 53704





1 Seating Plan
A1.0

<p>6621 BOULDER LANE MIDDLETON, WI. 53562 608-770-5848 psarch@tds.net</p>							
<p>project BBB Seating Plan 3001 N. Sherman Ave. Madison, WI 53704</p>	<p>client Patrick Rhea 3001 N. Sherman Ave. Madison, WI 53704</p>						
<p>project # 2009</p>	<p>content Floor Plan</p>						
<p>submittals</p> <table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>PRELIMINARY SEATING PLAN</td> <td>05/11/20</td> </tr> <tr> <td>REVISED SEATING PLAN</td> <td>05/13/20</td> </tr> </tbody> </table>		DESCRIPTION	DATE	PRELIMINARY SEATING PLAN	05/11/20	REVISED SEATING PLAN	05/13/20
DESCRIPTION	DATE						
PRELIMINARY SEATING PLAN	05/11/20						
REVISED SEATING PLAN	05/13/20						
<p>revisions</p> <table border="1"> <thead> <tr> <th>REV</th> <th>REVISION</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		REV	REVISION	DATE			
REV	REVISION	DATE					
<p>drawn by: PLS checked by: PLS date: 05/13/2020 drawing no. A1.0</p>							



City Of Madison

Building Plan Approval Application

Department of Planning & Economic & Community Development
 Inspection Division
 215 Martin Luther King Jr. Blvd. Ste. 17
 P.O. Box 2984 Madison, WI 53701-2984
 (608) 266-4551

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 type="checkbox"/> A. Assembly <input checked="" type="checkbox"/> B. Business <input type="checkbox"/> E. Education <input type="checkbox"/> F. Factory <input type="checkbox"/> H. Hazardous <input type="checkbox"/> I. Institutional <input type="checkbox"/> M. Mercantile <input type="checkbox"/> R. Residential <input type="checkbox"/> S. Storage <input type="checkbox"/> U. Utility	Circle sub use	Project Address	Project type	Review type	
	A1 A2 A3 A4 A5	3001 N. SHERMAN AVE MADISON, WI 53704	<input type="checkbox"/> New <input type="checkbox"/> Alteration level 1 2 3 <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Revision to previously approved plan <input checked="" type="checkbox"/> Capacity only	<input type="checkbox"/> Foundation only <input type="checkbox"/> Building <input type="checkbox"/> HVAC <input type="checkbox"/> Truss <input type="checkbox"/> Precast <input type="checkbox"/> Metal building <input type="checkbox"/> Antenna / Tower	
	school daycare F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 I4	Tenant or occupant name BEEF BUTTER BBQ	<input type="checkbox"/> Has a building code variance been applied for? Yes <input checked="" type="checkbox"/> No		
R1 R2 R3 R4 S1 S2	Variance approval number:				

Brief project description
 CHANGE IN CAPACITY - ADDED SEATS INSIDE & OUTSIDE

4. Project designer		5. HVAC designer		6. Building owner	
Designer NONE	Reg. #	Designer NONE	Reg. #	Company name NORTHSIDE TOWN CENTER	
Design Firm		Design Firm		Name DON BRUNS	
Address		Address		Address 1865 NORTHPOINTE DR.	
City/state/zip code		City/state/zip code		City/state/zip code MADISON WI 53704	
Contact person		Contact person		Contact person DON BRUNS	
Telephone Number ()		Telephone Number ()		Telephone Number (608) 255-0670	
email		email		email DONALD B BRUNS@GMAIL.COM	

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 type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB	Total stories of building above grade 1	<input type="checkbox"/> Complete Sprinkler <input type="checkbox"/> 13 <input type="checkbox"/> 13R
	Total floor area for each floor work is done on:	<input type="checkbox"/> Partial Sprinkler explain:
	Floor: _____ Area: _____ sq. ft.	<input type="checkbox"/> Unlimited Area If areas are separated by fire barriers or firewalls give the reason for the separation.
	Floor: _____ Area: _____ sq. ft.	
	Floor: _____ Area: _____ sq. ft.	
	Floor: _____ Area: _____ sq. ft.	
Floor: _____ Area: _____ sq. ft.		

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) \$ 0	Alteration: (no MEP) \$ 0	New Parking Lot: \$ 0

10. 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	s.f.-- \$0.04/s.f.	\$
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		\$

For Office Use Only

Date _____

Fees Collected By

C/O Req. Zoning

When applicable

(Round all costs up to nearest whole dollar)

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 _____ () Building () HVAC Registration # _____

Print Name _____

Supervising Professional Signature _____ () Building () 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 _____