



Change of Premises

Fee: \$25.00

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

licensing@cityofmadison.com
608-266-4601

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

(Agenda Item Number)

(Legistar file number)

LICPCH-2019-00936
(License number)

15 513
(Alder District #) (Police Sector)

Office Use Only

Licensed Premises Information

This application modifies existing alcohol license number: 45268-32909

Business dba Name: Visions Nightclub

Licensed Address: 3554 E. Washington Ave., Madison, WI 53704-4133

Liquor/Beer Agent Name: David A. Brown

100% Alcohol, _____% Food, _____% Other Alder, District #: 15; Foster Police Sector: north

Corporate Information

Business Legal Name (as on WI State Sellers Permit): T. C. Visions, Inc.

Business Mailing Address: 3554 E. Washington Ave., Madison, WI 53704-4133

Business Contact Name, Position: David A. Brown, Manager and Agent

Business Phone: 608 244 9771 Business Email: davebrown1969@hotmail.com

Current Capacity (indoor): 99 **Current Capacity (outdoor):** none

Proposed Capacity (indoor): no change **Proposed Capacity (outdoor):** none

If your capacity is increasing, contact Building Inspection: (608) 266-4551, binspection@cityofmadison.com

Description of Proposed Changes: _____

First Floor: partitions for private dance booths.

Basement: walls and doors for locker area for performers and for more secure beverage storage.

See attached architectural drawings.

Detailed Floor Plans included (required)

David Brown
Authorized Signature

10-6-19
Date

Orange sign and business card issued
 "License Renewals & Changes" brochure with next steps issued
 Office Use Only

Fwd: Visions

Subject: Fwd: Visions
From: Dave Brown <davebrown1969@hotmail.com>
Date: 6/12/2019, 10:48 AM
To: "jsolson@scofflaw.com" <jsolson@scofflaw.com>

Sent from my iPhone

Begin forwarded message:

From: "Bunnow, Kyle" <KBunnow@cityofmadison.com>
Date: June 12, 2019 at 10:27:45 AM CDT
To: Dave Brown <davebrown1969@hotmail.com>
Subject: RE: Visions

Here are the plans that were reviewed and approved. You should contact the city attorney's office and ask to speak with Jennifer Zilavy regarding the ALRC agenda. Thank you.

Kyle Bunnow, P.E.
Plan Review and Inspection Supervisor _____
City of Madison Building Inspection Division
Madison Municipal Building
215 Martin Luther King Jr Blvd Suite 017
Madison, Wisconsin 53701-2984
Tel: 608-266-6503
<https://www.cityofmadison.com/dpced/bi>

-----Original Message-----

From: Dave Brown <davebrown1969@hotmail.com>
Sent: Wednesday, June 12, 2019 10:01 AM
To: Bunnow, Kyle <KBunnow@cityofmadison.com>
Subject: Visions

Could you please email me the plans that you have for us so far. How do I go about setting up a meeting with the ALRC? If you need to call me please do at 608-698-5209. Thanks for the help David

Sent from my iPhone

Attachments:

3554 E Washington - BLDNCC-2019-05122.pdf

2.6 MB

Exh. 4



City Of Madison

Building Plan Approval Application

BIDNCC-2019-05122

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	Circle sub use	Project Address		Project type	Review type
<input checked="" type="checkbox"/> A. Assembly	A1 <input checked="" type="checkbox"/> A2 A3 A4 A5	3554 E. Washington Ave		<input type="checkbox"/> New	<input type="checkbox"/> Foundation only
<input type="checkbox"/> B. Business	school daycare	Tenant or occupant name		<input checked="" type="checkbox"/> Alteration level 1 @ 3	<input checked="" type="checkbox"/> Building
<input type="checkbox"/> E. Education	F1 F2	Visions Night Club		<input type="checkbox"/> Addition	<input type="checkbox"/> HVAC
<input type="checkbox"/> F. Factory	H1 H2 H3 H4 H5	Has a building code variance been applied for? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Repair	<input type="checkbox"/> Truss
<input type="checkbox"/> H. Hazardous	I1 I2 I3 I4	Variance approval number:		<input type="checkbox"/> Revision to previously approved plan	<input type="checkbox"/> Precast building
<input type="checkbox"/> I. Institutional	R1 R2 R3 R4			<input type="checkbox"/> Capacity only	<input type="checkbox"/> Antenna / Tower
<input type="checkbox"/> M. Mercantile	S1 S2				
<input type="checkbox"/> R. Residential					
<input type="checkbox"/> S. Storage					
<input type="checkbox"/> U. Utility					

Brief project description

Interior build out of the portion of the lower level and the first floor

4. Project designer		5. HVAC designer		6. Building Owner	
Designer	Reg. #	Designer	Reg. #	Company name	
Melissa Destree	A-8963			Visions Night Club	
Design Firm		Design Firm		Name	
Destee Design Architects					
Address		Address		Address	
222 W. Washington Ave Suite 310				3554 E. Washington Ave	
City/state/zip code		City/state/zip code		City/state/zip code	
Madison, WI 53703				Madison, WI 53704	
Contact person		Contact person		Contact person	
Jeremy Cynkar				Dave Brown	
Telephone Number (608) 268.1499		Telephone Number ()		Telephone Number ()	
email		email		email	
jeremy@desteearchitects.com				davebrown1969@hotmail.com	

7. Class Of Construction	8. Building Information	
<input type="checkbox"/> IA <input type="checkbox"/> IB	Total stories of building <u>3</u>	<input type="checkbox"/> Complete Sprinkler <input type="checkbox"/> 13 <input type="checkbox"/> 13R
<input type="checkbox"/> IIA <input type="checkbox"/> IIB	Total floor area for each floor work is done on:	<input type="checkbox"/> Partial Sprinkler explain:
<input type="checkbox"/> IIIA <input type="checkbox"/> IIIB	Floor: <u>1</u> Area: <u>3091</u> sq. ft.	<input type="checkbox"/> Unlimited Area If areas are separated by fire barriers or firewalls give the reason for the separation.
<input type="checkbox"/> IV	Floor: <u>LL</u> Area: <u>3091</u> sq. ft.	
<input type="checkbox"/> VA <input checked="" type="checkbox"/> VB	Floor: _____ Area: _____ sq. ft.	
	Floor: _____ Area: _____ sq. ft.	
	Floor: _____ Area: _____ sq. ft.	

9. Building permit information			
Building contractor	HVAC contractor	Plumbing contractor	Electrical Contractor

Estimated Cost: For alterations do not include HVAC, plumbing, or electrical costs

New/addition: (total) \$	Alteration: (no MEP) \$	New Parking Lot: \$
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PLAN EXAMINATION LETTER

PROJECT #: BLDNCC-2019-05122

Building Inspection Division
215 Martin Luther King Jr. Blvd. Ste. 17
Madison, Wisconsin 53703
(608) 266-4551

Date: 4/29/19

RE: Occupancy: Assembly Grp. A2
Tenant:
Owner: Vision's Night Club
Supervising Professional: Melissa Destree
Square Feet: 1,372

DESTREE DESIGN ARCHITECTS
222 W WASHINGTON AVE
MADISON WI 53703

Project Location
3554 E WASHINGTON AVE

These plans have been reviewed for compliance with the important code requirements in Chapters SPS 361 through 366 of the Wisconsin Administrative Code.

The ALTERATION plans are **CONDITIONALLY APPROVED**.

The plans have been reviewed for compliance with the code requirements set forth in Chapters SPS 361-366 of the rules of the Department of Safety and Professional Services. Construction may proceed subject to local regulations, but all items that are required to be changed by this letter must be corrected before commencing that part of the work. This plan has not been reviewed for compliance with Chapters SPS 382-386, the plumbing rules of the Department of Safety and Professional Services. You are hereby advised that the owner as defined in Chapter 101.01(2)(e) of Wisconsin State Statutes is responsible for all code requirements not specifically cited herein. The building will be inspected during and after construction.

SPS 361.33 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 TYPE VB CONSTRUCTION. Sprinklered Unlimited area
This is a level 2 alteration.

CONDITIONS OF APPROVAL:

Please contact the City Clerk's office to obtain ALRC approval for this project.

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

Trusses Precast Concrete HVAC Other

Inspector(s): Ace Lehman Phone: 266-4553


Reviewed By: Mike Van Erem, Plan Examiner Phone: 266-4559

PLANS
 BUILDING PLANS
 HEATING AND VENTILATION
Conditionally
APPROVED
MADISON

DISPROPORTIONALITY FORM

A disproportionality form shall be submitted with the plan application form and plans at the time of building plan review.

The plan review will determine compliance with the alteration requirements specified in IEBC 605.2

3554 E. Washington Ave				BUILDING LOCATION	
Street Address	WI		53704		
3554 E. Washington Ave					
City	Dave Brown	State	Wisconsin	Zip	
	Madison	WI		53704	
Owner's Name (Please Print)					
Dave Brown					
Owner's Signature 					
Date					
04/19/19					

DISPROPORTIONALITY

IEBC 605.2

A. TOTAL COST OF ALTERATION TO PRIMARY FUNCTION AREA. Does not include plumbing, heating, or electric work.

\$ 5000

Minimum Expenditures for a path of travel:
(20% of the total cost of alteration to a primary function)

\$ 1000

B. COSTS NEEDED TO PROVIDE A FULLY ACCESSIBLE PATH OF TRAVEL

(Listed in the order of priority in the event of disproportionality)

1. Costs associated with providing an accessible entrance \$ 1,200 1.
2. Costs associated with providing an accessible route to the remodeled area: \$ NA 2.
3. Costs associated with making the toilet rooms accessible: \$ 12,000 3.
4. Costs associated with providing accessible telephones: \$ NA 4.
5. Costs associated with relocating an inaccessible drinking fountain: \$ NA 5.
6. Costs associated with providing accessible elements such as; parking, alarms, etc \$ NA 6.

TOTAL COSTS TO PROVIDE FULL ACCESSIBILITY:

\$ 13,200 total

C.

List items to be completed with this project and associated cost

If the total cost of the expenditures in B. is greater than 20% of the total cost of the alteration in A. list the accessibility features that will equal or exceed 20% of the total cost of the alteration.

TOTAL ACTUAL EXPENDITURE FOR ACCESSIBILITY: \$ 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	1372	s.f.---	\$0.04/s.f.	\$ 55
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					\$

For Office Use Only	
Date	4/19/19
Fees Collected By	
<input type="checkbox"/> C/O Req.	<input type="checkbox"/> Zoning
SCD	

When applicable


Total \$ 100 round 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

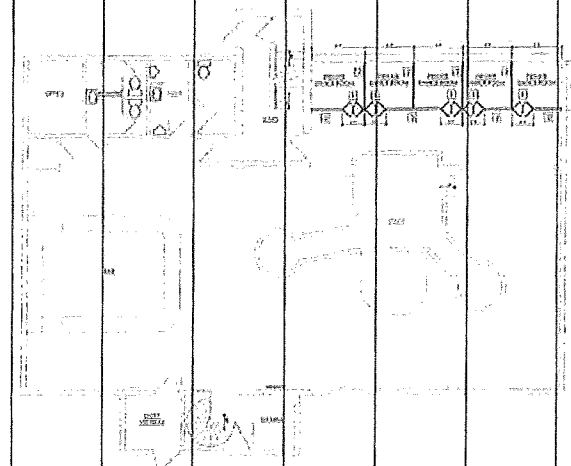
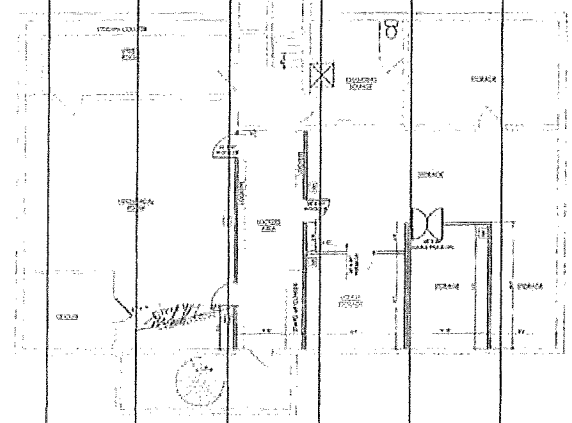
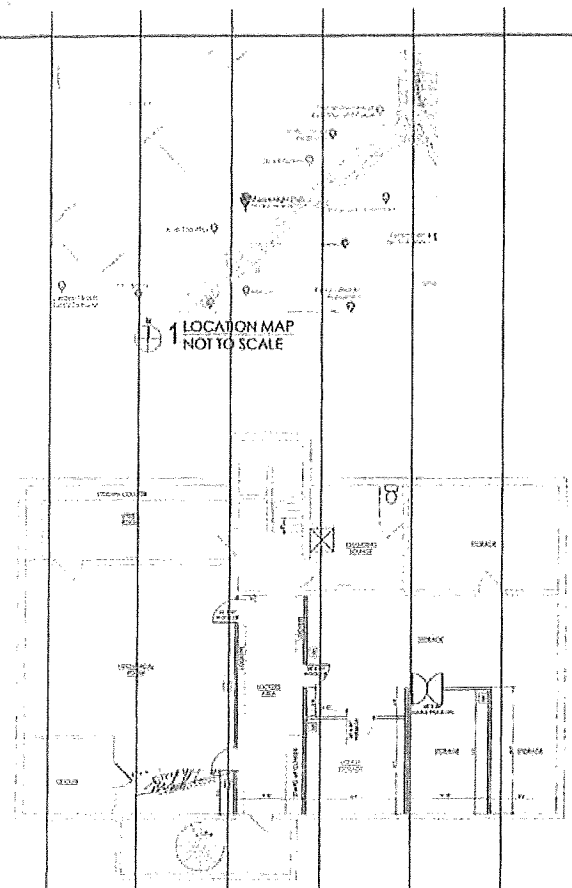
Supervising Professionals Signature must be included for Buildings greater than 50,000 cubic feet or the submittal will be rejected.

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 #	A-8969
Print Name	Melissa Destree				
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.

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
_____	_____



KEY NOTES

- 1) DOOR SWINGING TOWARD ROOMS
- 2) NEW 4" HIGH PARTITION WALL
- 3) NEW 1/2" HIGH PARTITION WALL WITH 1/2" HIGH METAL WALL WITH 1/2" HIGH GATE

SQUARE FOOTAGES

ADJACENT FOOTAGE = 3,011 SF
 LOWER LEVEL WORK AREA = 1,172 SF
 FIRST FLOOR WORK AREA = 2,019 SF

CODE SUMMARY:

PROPOSED CONSTRUCTION PERMITS
 OCCUPANCY PERMITS
 CONSTRUCTION PERMITS
 BUILDING CODES: 1. LOCAL & FLOOR 2



VISIONS NIGHT CLUB
 CONSTRUCTION DOCUMENTS
 3554 E WASHINGTON AVE
 MADISON, WI 53704

PREPARED BY:
 DATE: 04/11/11



PROFESSIONAL ENGINEER
 STATE OF WISCONSIN
 A100