

From: Building Inspection Division  
215 Martin Luther King Jr. Blvd.  
P.O. Box 2984  
Madison, Wisconsin 53701-2984

**City of Madison**  
**OFFICIAL NOTICE**

Notice: An inspection discloses that certain sections of the City Ordinances are being violated.

**Property Located At:**  
3554 EAST WASHINGTON AVENUE

**OWNER:**  
WASHINGTON RE INV LLC  
WILLIAM G GARROTT  
14 S BROOM ST  
MADISON WI 53703

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Item No.	Violating Section No.	CORRECTIONS REQUIRED
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**3554 EAST WASHINGTON AVENUE**

**REFERRED**

**Interior**

NOTE: The Alcohol License Review Committee will need to review and approve any proposed changes to the floor space prior to obtaining a building permit.

NOTE: Included with this order is the previously submitted floor plan of the building showing the approved first floor and basement construction that you may use as reference to identify the areas of unpermitted work.

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1.	29.05(1) 29.08(1)	Obtain the required building permit and inspections for the private booths that have been installed in the main floor right rear area of the building without approval. As an alternative, you may remove the unpermitted work and restore the area to its originally approved condition.
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2.	29.05(1) 29.08(1)	Obtain the required building permit and inspections for the alterations that have been made to the basement area. At the time of inspection, several wood framed rooms and walls had been created in the basement that were not permitted or approved. As an alternative, you may remove the unpermitted work and restore the area to its originally approved condition.
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*Exhibit 2*

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This notice does not start any legal action. However, if the violations are not corrected by the due date listed below, the Building Inspection Division may issue citation(s), and/or refer the situation to the City Attorney's Office.

The Building Inspection Division is willing to answer questions pertaining to this official notice in order to assist you in correcting the violations. If you have questions or problems, it is important to contact me before the due date at the number listed below.

**YOU ARE RESPONSIBLE FOR CONTACTING THE ASSIGNED INSPECTOR BEFORE THE DUE DATE TO SET UP AN APPOINTMENT FOR ANY INTERIOR REINSPECTIONS.**

**FAILURE TO ARRANGE A REQUIRED INTERIOR REINSPECTION BEFORE THE DUE DATE MAY CAUSE A REINSPECTION TO RESULT IN NO ENTRY OR NON COMPLIANCE. THE MADISON GENERAL ORDINANCES REQUIRE ATTEMPTS RESULTING IN NO ENTRY TO BE BILLED AT \$35.00 AND EACH AND ANY REINSPECTIONS THAT DO NOT RESULT IN FULL COMPLIANCE TO BE BILLED AT \$75.00 EACH.**

C: VISIONS NIGHT CLUB, C/O TOM REICHENBERGER, 3554 E WASHINGTON AVE, MADISON WI 53704

**The inspector can be reached by phone at 608-261-4236 or by email at [blinaberry@cityofmadison.com](mailto:blinaberry@cityofmadison.com)**

Inspected by: Brian Linaberry                      On: 12-14-2019                      Date Issued: 1-14-2019

**The violations shall be corrected on or before:**                      March 3, 2019

Code Enforcement Officer: \_\_\_\_\_

Any person violating any provision of the City Ordinances enforced by the Building Inspection Division is subject to the penalties provided by the appropriate Ordinance violated. ALL APPLICATIONS FOR APPEAL OF CHAPTERS 17, 18, 19, 27, 28, 29, 30 and 31 SHALL BE SUBMITTED TO THE BUILDING INSPECTION DIRECTOR IN WRITING WITHIN FIFTEEN (15) DAYS OF POSTMARK ON OFFICIAL NOTICE ENVELOPE. Appeal information may be obtained by calling 266-4551.



City Of Madison

**Building Plan Approval Application**

BLDNCC-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 <input checked="" type="checkbox"/> A. Assembly <input checked="" type="checkbox"/> B. Business <input type="checkbox"/> C. E. Education <input type="checkbox"/> D. F. Factory <input type="checkbox"/> E. H. Hazardous <input type="checkbox"/> F. I. Institutional <input type="checkbox"/> G. M. Mercantile <input type="checkbox"/> H. R. Residential <input type="checkbox"/> I. S. Storage <input type="checkbox"/> J. U. Utility	Circle sub use A1 <input checked="" type="checkbox"/> A2 A3 A4 A5 school daycare F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 I4 R1 R2 R3 R4 S1 S2	<b>Project Address</b> 3554 E. Washington Ave <b>Tenant or occupant name</b> Visions Night Club <b>Has a building code variance been applied for?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Variance approval number:</b>	<b>Project type</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Alteration level 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Revision to previously approved plan <input type="checkbox"/> Capacity only	<b>Review type</b> <input type="checkbox"/> Foundation only <input checked="" 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	

**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 Melissa Destree	Reg. # A-8963	Designer	Reg. #	Company name Visions Night Club	
Design Firm Destee Design Architects		Design Firm		Name	
Address 222 W. Washington Ave Suite 310		Address		Address 3554 E. Washington Ave	
City/state/zip code Madison, WI 53703		City/state/zip code		City/state/zip code Madison, WI 53704	
Contact person Jeremy Cynkar		Contact person		Contact person Dave Brown	
Telephone Number ( 608 ) 268.1499		Telephone Number ( )		Telephone Number ( )	
email jeremy@destearchitects.com		email		email davebrown1969@hotmail.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 checked="" type="checkbox"/> VB	Total stories of building 3 Total floor area for each floor work is done on: Floor: 1 Area: 3091 sq. ft. Floor: LL Area: 3091 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 checked="" 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	HVAC contractor	Plumbing contractor	Electrical Contractor

<b>Estimated Cost:</b> For alterations do not include HVAC, plumbing, or electrical costs		
New/addition: (total) \$	Alteration: (no MEP) \$	New Parking Lot: \$



# PLAN EXAMINATION LETTER

PROJECT #: BLDNCC-2019-05122

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

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

Date: 4/29/19

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**  
LEHMAN

# 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				<b>BUILDING LOCATION</b>	
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.

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**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 <u>1372</u>	s.f.-- \$0.04/s.f.	\$ <u>55</u>
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      **round up to nearest whole dollar**

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

When applicable

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.**

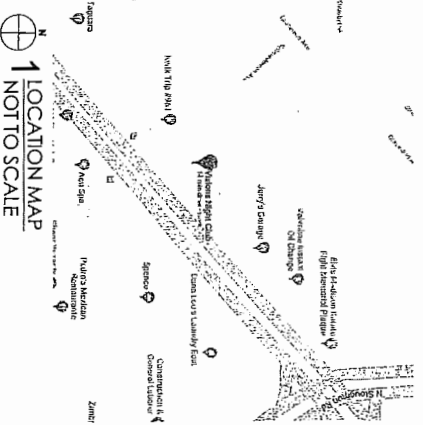
**11. Supervising Professional's Statement:** I have been retained by the owner as the **supervising professional** per SPS. 361.40 for the performance or supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. 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 # <u>A-8963</u>
Print Name <u>Melissa Destree</u>			
Supervising Professional Signature _____	( ) Building	( ) HVAC	Registration # _____
Print Name _____			

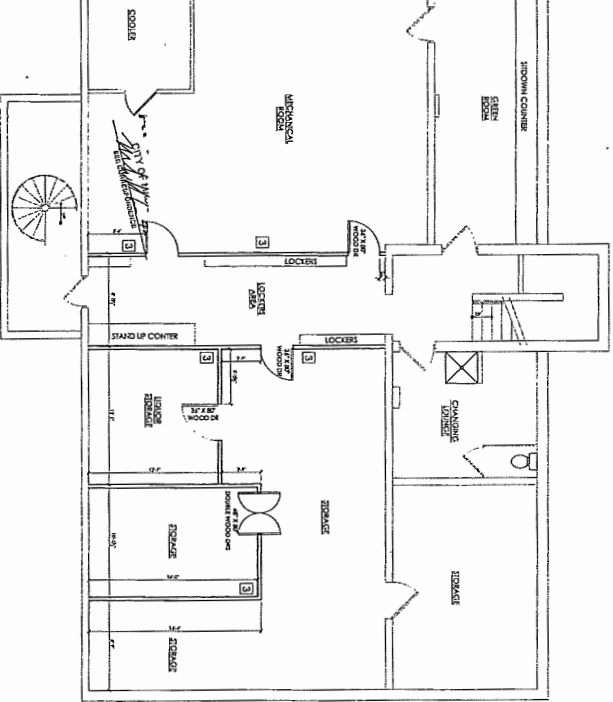
**12. Designer of record to complete this section only for component submittals such as trusses, precast, and manufactured metal buildings.**

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.

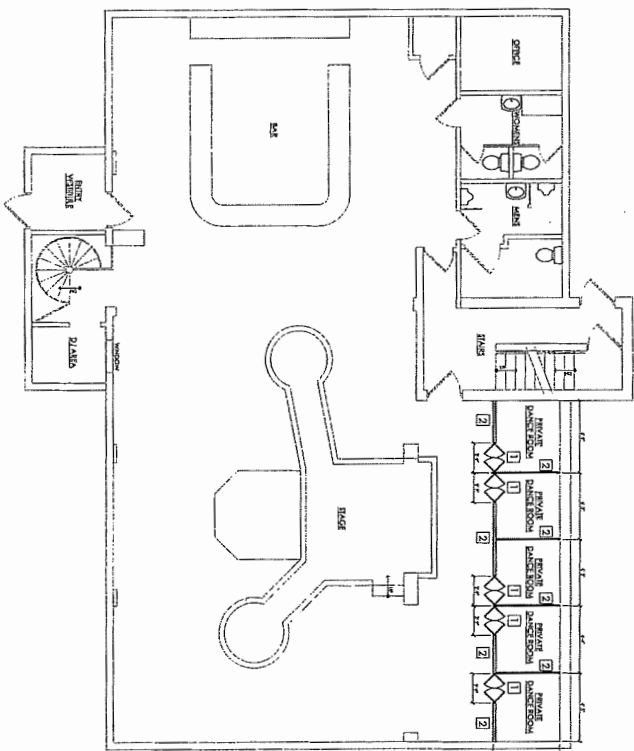
Signature of Building Designer of Record _____	Date Signed _____
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- KEYNOTES**
- 1 DOUBLE ACTING HALF HEIGHT DOORS.
  - 2 NEW 6" HIGH PARTITION WALL.
  - 3 NEW FILL HEIGHT PARTITION WALL. WALLS ARE WOOD STUD WALLS WITH 1 LAYER OF GWB.
- SQUARE FOOTAGES**
- BUILDING FOOTPRINT = 3,071 SF
  - LOWER LEVEL WORK AREA = 1,172 SF
  - FIRST FLOOR WORK AREA = 200 SF
- CODE SUMMARY:**
- PROJECT DESCRIBED: INTERIOR REMODEL
  - CONTRACT NO: 15175-28
  - CONTRACT DATE: 01/15/15
  - BUILDING HEIGHT: STORES: 3 FLOORS: 2



**2 LOWER LEVEL PLAN**  
3/16" = 1'-0"



**FIRST FLOOR PLAN**  
3/16" = 1'-0"