

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



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	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 checked="" type="checkbox"/> B. Business	school daycare	Tenant or occupant name	<input checked="" type="checkbox"/> Alteration level 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 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"/> Metal building	
<input type="checkbox"/> M. Mercantile	S1 S2			<input type="checkbox"/> Antenna / Tower	
<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 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@desteearchitects.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 <u>3</u> Total floor area for each floor work is done on: Floor: <u>1</u> Area: <u>3091</u> sq. ft. Floor: <u>LL</u> Area: <u>3091</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 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
Estimated Cost: 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
L. CON.

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

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

When applicable

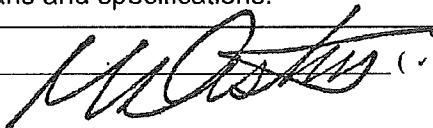
Total \$ 100 round up to nearest whole dollar

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

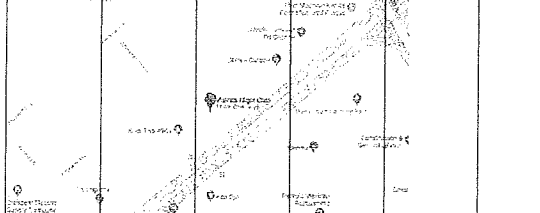
Supervising Professionals Signature must be included for Buildings greater than 50,000 cubic feet or the submittal will be rejected.

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.

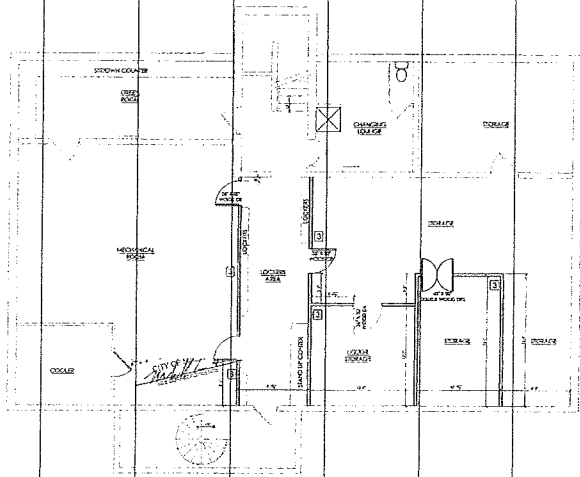
Supervising Professional Signature <u></u> (✓) Building () HVAC Registration # <u>A-8963</u>
Print Name <u>Melissa Destree</u>
Supervising Professional Signature _____ () Building () HVAC Registration # _____
Print Name _____

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 _____



1 LOCATION MAP NOT TO SCALE

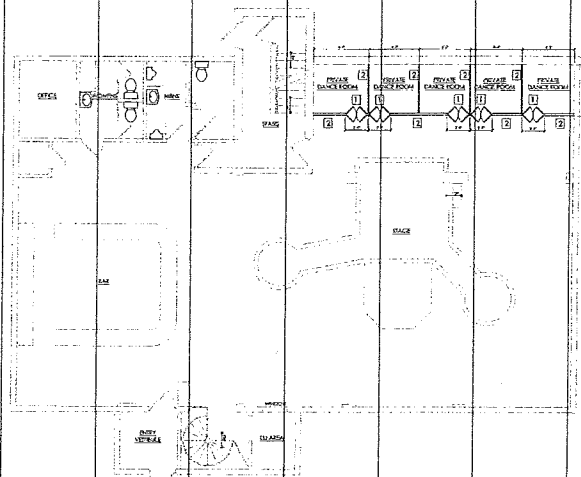


2 LOWER LEVEL PLAN
3/16" = 1'-0"

- KEYNOTES**
- 1] DOUBLE ACTING HALF HEIGHT DOORS
 - 2] NEW 6' HIGH PARTITION WALL
 - 3] NEW FULL HEIGHT PARTITION WALL. WALLS ARE WOODSTUD WALLS WITH 1 LAYER OF GYPS.

SQUARE FOOTAGES
 BUILDING FOOTPRINT = 3,091 SF
 LOWER LEVEL WORK AREA = 1,172 SF
 FIRST FLOOR WORK AREA = 200 SF

CODE SUMMARY:
 PROJECT DESCRIPTION: INTERIOR REMODEL
 OCCUPANCY: BUSINESS
 CONSTRUCTION TYPE: SB
 BUILDING HEIGHT: STORES: 3 FLOORS: 2



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

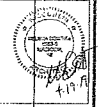


DESTREE ARCHITECTURE & DESIGN
 1000 W. MOUNTAIN VIEW BLVD
 SUITE 200
 MADISON, WI 53704
 WWW.DESTREEARCHITECTURE.COM

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

ISSUANCES:

NO.	DATE	DESCRIPTION
1	01/17/17	CITY REVIEW



PROJNO: 15044-02
 SHEET: A100