

**Town of  
Grand Chute**  
Community Development  
Building Inspection  
1900 Grand Chute Boulevard  
Grand Chute, WI 54913-9613

**APPLICATION FOR REVIEW  
BUILDINGS, HVAC, LIGHTING,  
FIRE AND COMPONENTS –  
GCSBD-118**

Complete all pages-

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

Transaction ID:     BPR      
Receipt Number \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_  
Previous Related Trans ID: \_\_\_\_\_  
Assigned Reviewer: \_\_\_\_\_  
Assigned Office: \_\_\_\_\_  
Reviewer Start Date\*: \_\_\_\_\_

This form may be utilized for fax appointments. Indicate date plan will be in our office: \_\_\_\_\_

Fax number (920) 832-1625 Phone number (920) 832-1599

\*Plans must be received by the Community Development Department of the Town of Grand Chute no later than 2 working days before the review start date. Review completion may differ depending on project complexity and submittal completeness.

- 1.a. Type of Submittal or Service Requested (check all that apply)**  
 New  
 Alteration – Level:  1  2  3  
 Addition/Alteration–Level:  1  2  3  
 Approval Extension  
 Revision  
 Footing & Foundation Plans Only  
 Permission to Start  
 Follow Up of a Denial Within 8 Months  
 Preliminary Consultation (contact reviewer before scheduling or submitting)  
 Structural Framework – Shell Only  
 Multiple Identical Buildings (see box 5) Number of Buildings \_\_\_\_\_

- b. Objects Submitted for Review as Current Review (check all that apply)**  
 Building  
 HVAC  
 Emergency Egress Lighting  
 Energy Conservation Lighting  
 Fire Suppression (see box 7)  
 Fire Detection/Alarm (see box 7)

- Other Projects (Stand Alone from above)**  
 Bleacher  
 Canopy  
 Kitchen Exhaust Hood  
 Membrane Construction  
 Rack Supported Storage Building  
 Elevated Pedestrian Access

- c. Structural Component Plan(s) which accompany this current plan submittal (check all that apply):**  
 Roof Truss            Metal Bldg  
 Floor Truss            Fire Escape  
 Steel Girder            Precast Plank  
 Laminated Wood        Precast Wall

- 2. Occupancy Type**  
Major Use – Check Use with the Greatest Floor Area  
 A Assembly  
 B Business/Office  
 E Educational  
 F Factory/Industrial  
 H Hazardous  
 I Institutional/Daycare/CBRF  
 M Mercantile/Retail  
 R Residential  
 S Storage  
 U Utility/Misc
- Additional Non-Accessory Occupancies – Circle All that Apply )  
A1 A2 A3 A4 A5  
B  
E  
F1 F2  
H1 H2 H3 H4 H5  
I1 I2 I3 I4  
M  
R1 R2 R3 R4  
S1 S2  
U

- 3. Construction Information**  
Construction Class – Circle One  
IA IB IIA IIB IIIA IIIB IV VA VB  
Area (project area, include all levels): \_\_\_\_\_ sq ft  
If different, Heated/ventilated Area: \_\_\_\_\_ sq. ft  
Sprinklered/Detector Protected Area: \_\_\_\_\_ sq. ft  
Number of Floor Levels \_\_\_\_\_  
Total Building Volume < 50,000 Cu. Ft. \_\_\_ Yes \_\_\_ No  
Seismic Review Threshold (circle one)  
1. B-F and greater than 1 story   2. A or 1 story  
3. Non-Structural Alteration

**4. Project Information – Fill in all known information** Site Number If Known \_\_\_\_\_  
Project/Site Name \_\_\_\_\_  
Tenant name or building designation \_\_\_\_\_  
Previous Tenant Name \_\_\_\_\_  
Number & Street \_\_\_\_\_  
County     Outagamie     Town of     Grand Chute    

**5. Identical Buildings (NOTE: Complete a separate application for each non-identical building)**

Building/Facility Name/Designation	Building/Facility Address

**6. After plans are reviewed, please: (check all that apply) \*Refers to customer number from below**  
 Call Customer 1, 2, 3, 4 (circle number)\*  Mail plans to customer 1, 2, 3, 4 (circle number)\*  
 Hold plans for pickup by designer designated agent

**Designer Information (Customer 1)** First Time Submitter  Yes  No  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Check all applicable  
 Designer of \_\_\_Bldg \_\_\_HVAC, \_\_\_ Lighting \_\_\_ Fire Alarm \_\_\_ Fire Suppression  
 Supervising Professional of \_\_\_Bldg \_\_\_HVAC  
WI Designer Registration # \_\_\_\_\_ Exp Date \_\_\_\_\_

**Designer Information (Customer 2)** First Time Submitter  Yes  No  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Check all applicable  
 Designer of \_\_\_Bldg \_\_\_HVAC, \_\_\_ Lighting \_\_\_ Fire Alarm \_\_\_ Fire Suppression  
 Supervising Professional of \_\_\_Bldg \_\_\_HVAC  
WI Designer Registration # \_\_\_\_\_ Exp Date \_\_\_\_\_

**Property Owner (not lessee) Information (Customer 3)**  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Other (Customer 4) \_\_\_Add'l Owner \_\_\_ Designer \_\_\_ Mail to \_\_\_ Payer**  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Customer Number \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 (9 digits) \_\_\_\_\_  
Phone Number (area code) \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_



**11. Fee Calculation Instructions**  
**FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE**  
**Calculate appropriate fee on page 4 and enter total on Page 4.**

- I. Building, heating and ventilation, fire alarm and suppression plans.** Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with Table Comm 2.31-2

**Note:** Comm 2 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

**Table 2.31-2**  
**Plan Review Fees for**  
**Buildings Located in Municipalities That Perform Inspections as an agent of the Division of Safety & Buildings**

This table may be utilized for projects in municipalities that are delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the Department of Commerce. Reduced fees do not apply to state owned buildings. Check our website home page at <http://www.commerce.wi.gov/SB/SB-CommBldgsDeleMunis.html>, or call 608-266-3151 for the current list.

<b>Area (Square Feet)</b>	<b>Building Plans</b>	<b>HVAC Plans</b>	<b>Fire Alarm System Plans</b>	<b>Fire Suppression System Plans</b>
Less than 2,500	\$250	\$150	\$30	\$ 30
2,501 - 5,000	300	200	60	60
5,001 - 10,000	500	300	100	100
10,001 - 20,000	700	400	150	150
20,001 - 30,000	1,100	500	200	200
30,001 - 40,000	1,400	800	350	350
40,001 - 50,000	1,900	1,100	500	500
50,001 - 75,000	2,600	1,400	700	700
75,001 - 100,000	3,300	2,000	1,000	1,000
100,001 - 200,000	5,400	2,600	1,200	1,200
200,001 - 300,000	9,500	6,100	3,000	3,000
300,001 - 400,000	14,000	8,800	4,400	4,400
400,001 - 500,000	16,700	10,800	5,600	5,600
Over 500,000	18,000	12,100	6,400	6,400

**NOTES:**

- A. **Plan entry fee of \$100.00** shall be submitted with each submittal of plans to the department in addition to the plan review and inspection fees.
- B. **Lighting Plans and Calculations** will be reviewed at no additional cost if submitted with the Building Plans. A fee of \$75 will be charged if submitted with the HVAC Plans. A Fee of \$75 plus the \$100 submittal fee (Total \$175) is required for all Lighting Plans submitted separately.
- C. A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time**: The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with Table 2.31-2 on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

