

Application Date:	Commercial New Construction/Addition Building Permit Application <i>Please print legibly and complete all applicable sections.</i>		City of Superior Building Inspection Division 1316 N. 14 th St. Superior, WI 54880 Phone: 715-395-7288 Fax: 715-395-7346	
Logged In: (date and initial)				
Permit #:				
Parcel #:	PROJECT ADDRESS:		Contacted for Payment on:	By:
Owner's Name(s)		Owner's Mailing Address		
Phone #:	Fax #/Phone #:	Email:		
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent				
Applicant Name & Business Name		Mailing Address		
Phone #:	Fax #/Phone #:	Email:		
State License/Registration Types & Numbers:				
Designer/Architect/Engineer Name		Mailing Address		
Phone #:	Fax #/Phone #:	Email:		
State License/Registration Types & Numbers:				
Location & Project Details <i>(Check all that apply)</i>				
<input type="checkbox"/> Building Permit Complete - New Construction and Additions		<input type="checkbox"/> New Construction Building Permit		
<input type="checkbox"/> Building Addition Building Permit		<input type="checkbox"/> Structural Framework – Shell Only Building Permit		
<input type="checkbox"/> Plan Revision/Changes		<input type="checkbox"/> Interior Build out		
<input type="checkbox"/> Footings & Foundation/Permission to Start Building Permit		<input type="checkbox"/> Other		
<input type="checkbox"/> Accessory Structure				
Details of New Structure - or - Details of Existing Structure, if Addition				
Main floor level area	sq. ft.	Heated area	sq. ft.	
Building height	ft.	Non – heated area	sq. ft.	
Total building stories including basement		Sprinklered area	sq. ft.	
Total building area (include all floor levels and basement)	sq. ft.	Non – sprinklered area	sq. ft.	
Total building volume including basement and attic	cu. ft.			
Addition Details Only				
Main floor level new added area	sq. ft.	Building addition heated area	sq. ft.	
Building addition height	ft.	Building addition non – heated area	sq. ft.	
Total building addition stories including basement		Building addition sprinklered area	sq. ft.	
Total building addition area (include all floor levels and basement)	sq. ft.	Building addition non – sprinklered area	sq. ft.	
Total building addition volume including basement and attic	cu. ft.			
Total combined volume of existing building and building addition including basement and attic			cu. ft.	
Provide details of proposed project to adequately describe work covered by this permit application: _____				

Is this construction required due to an occupancy classification change or “Change of Use?” <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> All of the building is being changed. <input type="checkbox"/> Part of the building is being changed.		Note: Building areas with a change of use must be clearly indicated on the submitted plans.		
Construction work is planned for area of: <input type="checkbox"/> Main occupancy <input type="checkbox"/> Incidental accessory occupancy <input type="checkbox"/> Non-accessory occupancy <input type="checkbox"/> Other				

Occupancy Type per IBC (Check use with the greatest floor area)						
Assembly	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> A5	
Business	<input type="checkbox"/> B					
Education	<input type="checkbox"/> E					
Factory/Industrial	<input type="checkbox"/> F1	<input type="checkbox"/> F2				
Hazardous	<input type="checkbox"/> H1	<input type="checkbox"/> H2	<input type="checkbox"/> H3	<input type="checkbox"/> H4	<input type="checkbox"/> H5	
Institutional/Daycare/CBRF	<input type="checkbox"/> I1	<input type="checkbox"/> I2	<input type="checkbox"/> I3	<input type="checkbox"/> I4		
Mercantile/Retail	<input type="checkbox"/> M					
Residential	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	<input type="checkbox"/> R4		
Storage	<input type="checkbox"/> S1	<input type="checkbox"/> S2				
Utility/Misc.	<input type="checkbox"/> U					
Construction Class per IBC						
	<input type="checkbox"/> IA	<input type="checkbox"/> IIA	<input type="checkbox"/> IV		<input type="checkbox"/> VA	
	<input type="checkbox"/> IB	<input type="checkbox"/> IIB	<input type="checkbox"/> IIIB	<input type="checkbox"/> VB		
Mixed Use Structure per IBC (Check <u>ALL</u> other non-accessory occupancies not included above)						
Assembly	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> A3	<input type="checkbox"/> A4	<input type="checkbox"/> A5	
Business	<input type="checkbox"/> B					
Education	<input type="checkbox"/> E					
Factory/Industrial	<input type="checkbox"/> F1	<input type="checkbox"/> F2				
Hazardous	<input type="checkbox"/> H1	<input type="checkbox"/> H2	<input type="checkbox"/> H3	<input type="checkbox"/> H4	<input type="checkbox"/> H5	
Institutional/Daycare/CBRF	<input type="checkbox"/> I1	<input type="checkbox"/> I2	<input type="checkbox"/> I3	<input type="checkbox"/> I4		
Mercantile/Retail	<input type="checkbox"/> M					
Residential	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	<input type="checkbox"/> R4		
Storage	<input type="checkbox"/> S1	<input type="checkbox"/> S2				
Utility/Misc.	<input type="checkbox"/> U					
Plans submitted with this application (Check all that apply)						
<input type="checkbox"/> Building Plans			<input type="checkbox"/> Storm Water Management Plans			
<input type="checkbox"/> Emergency Egress Lighting Plans			<input type="checkbox"/> Survey/Site Plans			
<input type="checkbox"/> Energy Conservation Lighting Plans			<input type="checkbox"/> Landscape Plans			
<input type="checkbox"/> Elevator/Escalator Plans			<input type="checkbox"/> Outdoor Lighting Plans			
<input type="checkbox"/> Combustible Liquid/Tank Storage Plans			<input type="checkbox"/> Vehicle Parking Plans			
<input type="checkbox"/> Erosion Control Plans			<input type="checkbox"/> Other			
Additional Plans and applications submitted with this application if this application is a Commercial Building Permit Complete or "Combination Permit Application":						
<input type="checkbox"/> Mechanical plans for all installations and permit application(s)			<input type="checkbox"/> Electrical plans and permit application			
<input type="checkbox"/> Plumbing plans and permit application			<input type="checkbox"/> Fire Alarm and Suppression plans and permit application			
<input type="checkbox"/> Other						
PROJECT COST: \$						
Fee Summary*		*Group 1	*Group 2	*Group 3	Sub-Total	*Fees shall be combined and only charged to the building permit applicant.
All Trades	sq. ft.	\$.625/sq. ft.	\$.925/sq. ft.	\$.325/sq. ft.	\$	
Building (min. \$50)	sq. ft.	x \$0.30	x \$0.45	x \$0.15	\$	<i>This space for office use only.</i>
Electrical (min. \$50)	sq. ft.	x \$0.10	x \$0.15	x \$0.05	\$	
Plumbing (min. \$50)	sq. ft.	x \$0.10	x \$0.15	x \$0.05	\$	
HVAC (min. \$50)	sq. ft.	x \$0.10	x \$0.15	x \$0.05	\$	
Fire Protection (min. \$50)	sq. ft.	x \$0.025	x \$0.025	x \$0.025	\$	
Receipt #	Rcv'd By:		Grand Total			
Called In To Whom:		By:		Date:	Time:	

- The applicant agrees to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, on the City Agent/Inspector, Department or Municipality; and certifies that all the above information is true and accurate.
- Approval or disapproval of plans shall be based upon review of written and graphic information submitted.
- Changes made during construction shall be based upon approved revisions to plans.
- Any change in the conditionally approved plans shall be approved by this department before said changes are implemented.
- It is expressly understood by the project owner(s) and/or contractor(s) that by issuance of this permit any City Agent/Inspector shall be allowed to inspect at reasonable times any construction work through the final inspection.
- Failure to allow access to the premises for such inspection(s) shall result in revocation of this permit.

This is a Commercial Building Permit application only – not a permit to proceed.

By signing this application, applicant agrees to abide by the conditions and provisions of the City of Superior policies, rules, ordinances and Wisconsin State Statutes and Administrative Rule.

Applicant Signature _____ Print Name _____ Date: _____

I certify that the information provided on this form is complete and accurate.

Approvals

SAMP Approved	Erosion Control Approved	Zoning Approved	Building Approved
Date:	Date:	Date:	Date:
HVAC Approved	Electrical Approved	Plumbing Approved	Fire Supp. Approved
Date:	Date:	Date:	Date:
Conditions of Approval	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.		

Additional Contractor Information

Electrical Contractor Business Name:		Contractor's WI Dept. of SPS Business License/Registration #:	
Contractor's Address:	City:	State:	Zip:
Contractor Phone Number(s):	Email:		
Wisconsin Master Electrician's Name		Wisconsin Master Electrician #:	
Plumbing Contractor Business Name:			
Contractor's Address:	City:	State:	Zip:
Plumbing Contractor Phone Number(s):	Email:		
Wisconsin Master Plumber's Name		Wisconsin Master Plumber #:	
HVAC Contractor Business Name:		Contractor's WI Dept. of SPS Business License/Registration #:	
Contractor's Address:	City:	State:	Zip:
Contractor Phone Number(s):	Email:		
Contractor's Contact Name	City of Superior HVAC Contractors #:		
Excavation Contractor Business Name:			
Contractor's Address:	City:	State:	Zip:
Contractor Phone Number(s):	Email:		
Contractor's Contact Name	City of Superior Contractor's License #:		
Other Name(s):			
Address:	City:	State:	Zip:
Phone Number(s):	Email:		
Contact Name			

Plans requiring state approval shall be submitted and approved by the state before this permit application is received and accepted in accord with SPS 361.60 (5)(c) & (d).

SPS 361.60 (5)(c) & (d)

(c) Other municipalities and counties. Drawings, specifications and calculations for all the types of buildings and structures specified in s. [SPS](#)

361.30, except state-owned buildings and structures, to be constructed within the limits of a municipality or county that is not included in pars. (a) and (b) shall be submitted to either the department or to that municipality or county if the municipality or county has assumed the responsibilities of plan examination and building inspection in accordance with sub. (2) and if the plans are for any of the following:

1. A new building or structure containing less than 50,000 cubic feet of total volume.
2.
 - a. An addition to a building or structure where the area of the addition results in the entire building or structure containing less than 50,000 cubic feet of total volume.
 - b. An addition containing no more than 2,500 square feet of total floor area and no more than one floor level, provided the largest roof span does not exceed 18 feet and the exterior wall height does not exceed 12 feet.
3. An alteration of a space involving less than 100,000 cubic feet of total volume.

(d) *Project waiver.* 1. A certified municipality or county may waive its jurisdiction for the plan review of a specific project or types of projects, or components thereof, in which case plans and specifications shall be submitted to the department for review and approval.
 2. The department may waive its jurisdiction for the plan review of a specific project, where agreed to by a certified municipality or county, in which case plans and specifications shall be submitted to the certified municipality or county for review and approval

Submit with Application if Over 50,000 cubic feet:

Supervising Professionals - If building will be 50,000 cu ft. or greater (SPS 361.40) I have been retained by the owner as the supervising professional per SPS 361.40 for the performance of the 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 DSPS and the City of Superior 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. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the DSPS and the City of Superior as such and indicating the current status of compliance.

Supervising Professional Name & Business Name (Please Print)		Mailing Address

Phone #:	Fax #/Phone #:	Email:
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Registration Types & Numbers:

Original Signature of Supervising Professional: _____ Date: _____

Supervising Professional Name & Business Name (Please Print)		Mailing Address

Phone #:	Fax #/Phone #:	Email:
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Registration Types & Numbers:

Original Signature of Supervising Professional: _____ Date: _____

Supervising Professional Name & Business Name (Please Print)		Mailing Address

Phone #:	Fax #/Phone #:	Email:
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Registration Types & Numbers:

Original Signature of Supervising Professional: _____ Date: _____

To be submitted before Installation to the Building Inspection:	
Before installation DSPS requires that the project designer review individual component submittals for compliance with the general design concept. The project designer, DSPS, and City of Superior will rely on the seal of the component designers for compliance with the codes as they apply to their designs.	
Roof Truss	Name of Component Manufacturer/Fabricator
Floor Truss	Name of Component Manufacturer/Fabricator
Steel Girder	Name of Component Manufacturer/Fabricator
Laminated Wood	Name of Component Manufacturer/Fabricator
Metal Building	Name of Component Manufacturer/Fabricator
Fire Escape	Name of Component Manufacturer/Fabricator
Precast Plank	Name of Component Manufacturer/Fabricator
Precast Wall	Name of Component Manufacturer/Fabricator
Submit to Building Inspection Department before Occupancy:	
<ul style="list-style-type: none"> • Completed compliance statements (SBD 9720) • Fire Department Inspection Compliance Certification 	

<p>*C-2 <u>Building Classifications</u></p> <p>A. Group 1: Multi-family residential</p> <p>B. Group 2: Arenas, armories, assembly halls, banks, barber shops, beauty shops, bowling alley, cafeterias, churches, clinics, dance halls, dry cleaning, educational institutions, exhibition buildings, funeral homes, gyms, halls, hospitals, hotels, labs, libraries, motels, natatorium shelters, nursing homes, offices, places of detention, repair garages, restaurants, retail, service garages, skating rinks, taverns, theaters, and similar buildings.</p> <p>C. Group 3: Factories, freight terminals, machine shops, sewage plants, storage buildings, storage garages, substations, vaults, warehouses, and all others not included in group 1 and 2.</p>
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