

Application Date:	Commercial Alteration and Remodel 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		<input type="checkbox"/> Interior Build out		
<input type="checkbox"/> Plan Revision/Changes		<input type="checkbox"/> Repair/Alteration/Remodel Building Permit		
<input type="checkbox"/> Accessory Structure		<input type="checkbox"/> Structural Framework – Shell Only Building Permit		
<input type="checkbox"/> Fire Suppression		<input type="checkbox"/> Other		
Alterations and Remodeling <i>(Check all that apply)</i>				
<input type="checkbox"/> Repairs. Include the patching or restoration or replacement of damaged materials, elements, equipment or fixtures for the purpose of maintaining such components in good or sound condition with respect to existing loads or performance requirements. Work on non-damaged components that is necessary for the required repair of damaged components shall be considered part of the repair.				
<input type="checkbox"/> Alteration Level I. Alterations include the removal and replacement or the covering of existing materials, elements, equipment, or fixtures using new materials, elements, equipment, or fixtures that serve the same purpose.				
<input type="checkbox"/> Alteration Level II. Alterations include the reconfiguration of space, the addition or elimination of any door or window, the reconfiguration or extension of any system, or the installation of any additional equipment. The work area of the alterations is less than 50% of the aggregate area of the building.				
<input type="checkbox"/> Alteration Level III. Alterations include the reconfiguration of space, the addition or elimination of any door or window, the reconfiguration or extension of any system, or the installation of any additional equipment. The work area of the alterations is more than 50% of the aggregate area of the building.				
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 <i>(Check use with the greatest floor area)</i>				
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"/> Emergency Egress Lighting Plans	<input type="checkbox"/> Landscape Plans	<input type="checkbox"/> Other		
<input type="checkbox"/> Survey/Site Plans	<input type="checkbox"/> Energy Conservation Lighting Plans	<input type="checkbox"/> Vehicle Parking Plans	<input type="checkbox"/> Proposed Work List		
<input type="checkbox"/> Elevator/Escalator Plans	<input type="checkbox"/> Combustible Liquid/Tank Storage Plans	<input type="checkbox"/> Outdoor Lighting Plans			
PROJECT COST: \$					
Fee Summary				Sub-Total	
Roof Covering	sq. ft.	X \$00.02*	\$	*Minimum \$50.00	
Building /Fire Suppression	Base Fee	\$60.00	\$	Base Fee \$60.00 Plus \$10.00 per \$1,000.00 *Permit fee will be calculated from the Estimated Project Cost rounded up to the next thousand.	
Project Value		X \$10.00 per \$1,000 in est. value	\$		
Receipt #	Rcv'd By:	Grand Total			
<ul style="list-style-type: none"> 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 revised 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. <p style="text-align: center;">This is a permit application only – not a permit to proceed.</p>					
Applicant Signature _____ PrintName _____ Date: _____					
<ul style="list-style-type: none"> I certify that the information provided on this form is complete and accurate. 					
Approvals					
Building Approved:		Cert No.:	Date:		
Fire Suppression Approved:		Cert. No:	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.				

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

Original Signature of Supervising Professional: _____ Date: _____

Submit to Building Inspection Department before occupancy:

- Required Completed compliance statements (SBD 9720)
- Fire Department Inspection Compliance Certification