

| OFFICE USE ONLY     |             |
|---------------------|-------------|
| DHFS Project Number | Plan Number |

## FREE-STANDING COMMUNITY BASED RESIDENTIAL FACILITY (CBRF) PLAN APPROVAL APPLICATION

Completion of this form is voluntary; however, failure to provide complete or required information may delay the plan approval process. This form may be reproduced as needed. If you have questions about the completion of this form, call 608-264-9838, FAX 608-267-0352, or email DHFSDDSEBQAPlanReview@dhfs.state.wi.us for assistance.

- **An asterisk\* before a number indicates required information that must be provided.**
- Plans shall be drawn to scale HFS 83.56(2).
- A free-standing CBRF is not physically attached to hospital or nursing home.
- If the CBRF is attached to a hospital or nursing home, do not complete this form; complete form OQA-2333 Plan Approval Application.
- If this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed, and dated by a Wisconsin registered engineer or architect. COMM 50.07(2)
- A separate plan approval application form and fee must be submitted for each new building, addition to an existing facility and remodeling projects, or for equipment upgrades.
- Complete all sections of the form. Submit the form, required fee, and a minimum of one (1) **bound set** of plans and three (3) copies of the cover sheet, to the address at the end of this application.
- Fees may not be paid for future plan reviews. Pay only for the plan submitted.
- Make check payable to: DIVISION OF QUALITY ASSURANCE or DQA.

**DO NOT SUBMIT PLANS TO THE REGIONAL OFFICES. SEE MAILING ADDRESS AT END OF APPLICATION.**

|   |                             |                              |                             |                             |                              |
|---|-----------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|
| <b>1. OWNER</b>   |                             |                              |                             |                             |                              |
| Name  |                             | Company Name                 |                             |                             |                              |
| Street Address, City, State, Zip Code                                   |                             |                              |                             |                             |                              |
| Email Address   |                             |                              |                             |                             |                              |
| Contact Person  |                             | Telephone Number             | FAX Number                  |                             |                              |
| <b>*2. FACILITY AND PROJECT INFORMATION</b>                             |                             |                              |                             |                             |                              |
| Building Occupancy Chapter(s) and Use                                   |                             | Facility Name                |                             |                             |                              |
| Building Location (Number and Street, City, State, Zip Code)            |                             | County                       | No. of Beds                 |                             |                              |
| Project Description (Attach a separate page, if necessary.)             |                             |                              |                             |                             |                              |
| <b>*3. LICENSE INFORMATION – FOR PLAN REVIEW INFORMATIONAL USE ONLY</b> |                             |                              |                             |                             |                              |
| NEW LICENSE   |                             | EXISTING LICENSE             |                             | LICENSE CHANGE              |                              |
| <input type="checkbox"/> AA   | <input type="checkbox"/> AS | <input type="checkbox"/> ANA | <input type="checkbox"/> AA | <input type="checkbox"/> AS | <input type="checkbox"/> ANA |
| <input type="checkbox"/> CA   | <input type="checkbox"/> CS | <input type="checkbox"/> CNA | <input type="checkbox"/> CA | <input type="checkbox"/> CS | <input type="checkbox"/> CNA |
|   |                             |                              | <input type="checkbox"/> A  | <input type="checkbox"/> B  | <input type="checkbox"/> C   |
|   |                             |                              | <b>From</b>                 | <b>To</b>                   |                              |
| <b>4. BUILDING OR STRUCTURE DESIGNER</b>                                |                             |                              |                             |                             |                              |
| Designer Name   |                             |                              | Registration Number         |                             |                              |

|                                       |                            |            |
|---------------------------------------|----------------------------|------------|
| Design Firm                           | Design Firm Project Number |            |
| Street Address, City, State, Zip Code |                            |            |
| Email Address                         |                            |            |
| Contact Person                        | Telephone Number           | FAX Number |

**5. SUBMITTAL REQUEST**

| PROJECT  | REVIEW REQUESTED  |
|--|---|
| <input type="checkbox"/> New Building<br><input type="checkbox"/> Alteration<br><input type="checkbox"/> New Addition<br><input type="checkbox"/> Use Change<br><input type="checkbox"/> OTHER | <input type="checkbox"/> Building<br><input type="checkbox"/> Building/HVAC                           |
| <input type="checkbox"/> Preliminary Plans<br><input type="checkbox"/> Final Plans<br><input type="checkbox"/> Revisions to Previously Approved Plans  | <input type="checkbox"/> Sprinkler System<br><input type="checkbox"/> Heat and Smoke Detection System |

**6. HVAC-SPRINKLER-HEAT-SMOKE-OTHER DESIGNER INFORMATION**

|                                       |                            |            |
|---------------------------------------|----------------------------|------------|
| Designer                              | Registration Number        |            |
| Design Firm                           | Design Firm Project Number |            |
| Email Address                         |                            |            |
| Street Address, City, State, Zip Code |                            |            |
| Contact Person                        | Telephone Number           | FAX Number |

**7. BUILDING INFORMATION**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> COMPLETE Sprinkler – NFPA<br><input type="checkbox"/> PARTIAL Sprinkler – NFPA   | <input type="checkbox"/> Heat and Smoke Detectors<br><input type="checkbox"/> Fire Alarm System<br><input type="checkbox"/> Emergency Power | Total Number of Stories<br><hr/> Entire Bldg. Footprint Area      Sq. Ft.                             |
| Total cubic foot volume of the building upon completion of the project<br><input type="checkbox"/> less than 50,000 <input type="checkbox"/> more than 50,000 |   | Soil Bearing Capacity      pfs<br><input type="checkbox"/> PRESUMED <input type="checkbox"/> VERIFIED |

**8. CONSTRUCTION CLASS REQUESTED (existing with waiver only)**

1. Fire resistive Type A     3. Metal Frame Protected     5A. Exterior Masonry – Protected     6. Metal Frame     8. Wood Frame – Unprotected  
 2. Fire resistive Type B     4. Heavy Timber     5B. Exterior Masonry – Unprotected \*     7. Wood Frame – Protected

*If plans do not show compliance with requested construction class but are can be approved at a lower class, do you wish approval at the lower class?*

Yes       No

**9. SUPERVISING PROFESSIONAL INFORMATION**

For Building     Same as Building Designer     HVAC     Same as HVAC Designer     For Sprinkler     Same as Sprinkler Designer

|   |                     |
|---|---------------------|
| Supervising Professional (if different from designer) | Registration Number |
| Street Address, City, State, Zip Code                 | Telephone Number    |

**\*10. CALCULATION OF FEES**

| TABLE A                              | TABLE B                      |         |
|--------------------------------------|------------------------------|---------|
| ESTIMATED PROJECT COST               | TOTAL ESTIMATED PROJECT COST | FEE     |
| Building Construction Cost**         | Less than \$4,999            | \$100   |
| HVAC System Cost                     | \$5,000 - \$24,999           | \$300   |
| Sprinkler System Cost                | \$25,000 - \$99,999          | \$500   |
| Smoke or Heat Detection Cost         | \$100,000 - \$499,999        | \$750   |
|                                      | \$500,000 - \$999,999        | \$1,500 |
|                                      | \$1,000,000 - \$4,999,999    | \$2,500 |
| Total Estimated Project Cost      \$ | \$5,000,000 and over         | \$5,000 |

\*\*Building Construction Cost excludes the following itemized costs:  
 (a.) System Costs  
 (b.) Sprinkler System Costs  
 (c.) Smoke or Heat Detection Costs

|                            |    |
|----------------------------|----|
| <b>TOTAL FEE SUBMITTED</b> | \$ |
|----------------------------|----|

**\*11. OWNER'S STATEMENT (COMM 50.11)**

I request that plans be reviewed for compliance with the code requirements set forth in HFS 83 of the rules of the department. I recognize that I am responsible for compliance with all code requirements and any conditions of plan approval. If this building exceeds 50,000 cubic feet in total volume, I will retain a supervising professional as required by COMM 50.10, throughout construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.

|                          |                         |
|--------------------------|-------------------------|
| <b>SIGNATURE</b> – Owner | Name and Title (Print.) |
|--------------------------|-------------------------|

**\*12. ORIGINAL SIGNATURES (Sign in the applicable space.)**

|   |             |
|---|-------------|
| Building and HVAC Designer and Supervising Professional | Date Signed |
| Building Designer and Supervising Professional          | Date Signed |
| Fire Alarm Designer and Supervising Professional        | Date Signed |
| Sprinkler Designer and Supervising Professional         | Date Signed |

**DO NOT SUBMIT PLANS TO THE REGIONAL OFFICES. SUBMIT PLANS TO THE ADDRESS BELOW.**

Divison of Quality Assurance  
 Plan Review Intake  
 PO Box 2969 / 1 W Wilson St  
 Madison WI 53701-2969