



DEPARTMENT OF
**NEIGHBORHOOD
SERVICES**

Plan Examination Application

Permit & Development Center
 809 N. Broadway, Milwaukee, WI 53202 | (414) 286-8210 | milwaukee.gov/permits | DevelopmentCenterInfo@milwaukee.gov

Plan Exam Requested (check all that apply)

- Commercial
 One/Two-Family
 Construction plan for
 New Building
 Addition
 Alteration
 Parking Lot
 Footing Foundation
 HVAC Plan
 Erosion control plan
 Stormwater Management Plan

Location (exact street address)	House # <input type="checkbox"/> OK _____	Total SF 103,274	Job Cost	Job Cost
			Construction	HVAC
			<small>33,000,000.00</small>	
Contact Name (check primary contact)		Address/City/State/Zip		Phone/Fax/Email
<input type="checkbox"/> Occupant / Tenant				
<input type="checkbox"/> Building Owner Kurt Young Binter, MU		Marquette University (MU) 1404 West Clybourn Street Milwaukee, WI 53233		Phone: 414.288.5279 Email: kurt.youngbinter@marquette.edu
<input checked="" type="checkbox"/> Design Professional Russell Drewry, HGA		Hammel Green & Abrahamson (HGA) 333 East Erie Street Milwaukee, WI 53202		Phone: 414.278.3438 Fax: 414.278.7734 Email: rdrewry@hga.com
<input type="checkbox"/> Contractor Mike Stern, Findorff		Findorff 1600 North 6th Street Milwaukee, WI 53212		Phone: 414.419.2580 Fax: 414.272-0443 Email: mstern@findorff.com

Received By: _____ Date: _____

Materials to be Submitted												
Construction Plan Review <input type="checkbox"/> 4 sets construction documents <input type="checkbox"/> 1 set for Planning review <input type="checkbox"/> 1 set for Health Dept. review <input type="checkbox"/> Letter of supervision <input type="checkbox"/> 1 copy specifications <input type="checkbox"/> 1 copy structural calculations <input type="checkbox"/> State energy conservation forms	<input type="checkbox"/> 7 copies plat of survey <input type="checkbox"/> 4 sets landscape drawings <input type="checkbox"/> Erosion control plan/worksheet/deposit <input type="checkbox"/> Storm water management plan <input type="checkbox"/> Accessibility analysis (COMM 69) <input type="checkbox"/> Parking lot plan <input type="checkbox"/> _____	HVAC Plan Review <input type="checkbox"/> 4 sets HVAC plans <input type="checkbox"/> Letter of supervision <input type="checkbox"/> 1 set architectural plans (if not submitted concurrently) <input type="checkbox"/> 1 copy HVAC specifications <input type="checkbox"/> 1 copy HVAC calculations (stamped and sealed) <input type="checkbox"/> COMM 63 "H" sheets										
Comments _____ _____ _____ _____		<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Plan examination Fees</th> </tr> <tr> <td>Construction</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Erosion</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>HVAC</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Stormwater</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Plan examination Fees		Construction	\$ _____	Erosion	\$ _____	HVAC	\$ _____	Stormwater	\$ _____
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Approvals <input type="checkbox"/> BOZA required <input type="checkbox"/> SAC requires <input type="checkbox"/> Asbestos permit required <input type="checkbox"/> Historic approval required <input type="checkbox"/> Renewal district <input type="checkbox"/> Overlay district <input type="checkbox"/> Flood plain <input type="checkbox"/> Condemnation orders <input type="checkbox"/> Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Routing</th> <th style="width: 20%;">Sent</th> <th style="width: 20%;">Received</th> </tr> </thead> <tbody> <tr><td>Customer self-routing</td><td></td><td></td></tr> <tr><td>DPW</td><td></td><td></td></tr> <tr><td>Planned Development</td><td></td><td></td></tr> <tr><td>Redevelopment</td><td></td><td></td></tr> <tr><td>Overlay district</td><td></td><td></td></tr> <tr><td>Health</td><td></td><td></td></tr> </tbody> </table> <p> Plan examiner _____ Permit fee _____ Permit issued _____ </p>	Routing	Sent	Received	Customer self-routing			DPW			Planned Development			Redevelopment			Overlay district			Health		
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To: Permit Technician
Permit & Development Center
809 North Broadway
1st Floor
Milwaukee, Wisconsin 53202

Recipient Phone:

From: Dan Kalkman **Phone:** (414) 278-8200

Date: 10/27/2022
Project: Marquette University
College of Nursing
Commission No.: 2273-026-01

We forward the following:

- Plan Examination Application
- Certificate of Supervision
- 4 sets of construction drawings
- 1 Copy specifications
- 1 Set structural calculations
- 7 copies of survey

Via:

- First Class Mail
 - Direct Courier
 - 2-Day Fedex
 - Fedex Ground
 - Fedex Overnight
 -
 - Other
-

Remarks:

We had a preliminary plan review for this project with Nick Curich on March 24, 2022

Copy To:

- Correspondence File
- Contract File
- Shop Drawing File

Also Fax To:

-
-
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cc: Others

-
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-
-

cc: HGA

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