29

#### Chapter ILHR 66

#### **APPENDIX A**

The material contained in this appendix is for clarification purposes only and is numbered to correspond to the number of the rule as it appears in the text of the code.

A-66.09 to 66.42 Forms. The forms on the following 9 pages (SBD-2, SBDB-118, SBDB-198, SBD-224, SBDB-9720, SBD-9886, and SBD-9890) are referred to in ss. ILHR 66.23 (2); 66.12 (1), 66.15, 66.17 (1) (a), and 66.18 (1) (a); 66.18 (1) (d); 66.23 (2); 66.09 (4); 66.12 (1); and 66.26 (2) (b), (3) (c), and (4); respectively. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

A-66.24 Certified municipalities. The following municipalities are anticipated to be certified by the department to review plans and conduct inspections under s. ILHR 66.24. This list is current as of the date of printing of this chapter. For information regarding the up-to-date status of a municipality, call 608-267-7586.

#### FIRST CLASS CITIES

#### Milwaukee

COUNTIES

Eau Claire

		THER CITIES	
A	Fond du Lac		Sheboygan
Antigo		Mequon Middleton	Stevens Point
Appleton	Fort Atkinson		
Augusta	Franklin	Monroe	Sturgeon Bay
Beloit	Glendale	Muskego	Sun Prairie
Berlin	Green Bay	New Berlin	Superior
Black River Falls	Greenfield	New Richmond	Tomah
Brookfield	Janesville	Oak Creek	Waukesha
Burlington	Kaukauna	Oconomowoc	Waupun
Cedarburg	Kenosha	Oshkosh	Wausau
Cudahy	La Crosse	Racine	Wauwatosa
Delafield	Lake Geneva	Rhinelander	West Allis
Eau Claire	Madison	Ripon	West Bend
Elkhorn	Marshfield	Seymour	Wisconsin Rapids
	-	VILLAGES	
Big Bend	Fontana	Paddock Lake	Twin Lakes
Clinton	Grafton	Plover	Walworth
Dousman	Hartland	Port Edwards	Waterford
Elm Grove	Hortonville	Silver Lake	West Milwaukee
Fall Creek	Johnson Creek	Sussex	
	<u></u>	TOWNS	
Bloomfield (Walworth)	Grand Rapid		Plover (Portage)
Bristol (Kenosha)	Hull (Portag		Sugar Creek (Walworth)
Cottage Grove (Dane)	LaGrange (V		Waterford (Racine)
Delavan (Walworth)	Linn (Walwo		Waukesha (Waukesha)
Geneva (Walworth)	Norway (Rad		Wheatland (Kenosha)
			TT ACTIVITATION (LANGEVOLAND)
Grand Chute (Outagamie)	Ottawa (Wa	ukesha)	

Wisconsin Department of Industry, Labor & Human Relations

#### **INSPECTION REPORT AND ORDERS**

Safety and Buildings Division P.O. Box 7969, Madison, WI 53707

An inspection of the occupancy shown below discloses violations of orders of the Dept. of Industry, Labor and Human Relations promulgated under authority of Chapter 101, Wis. Stats. SEE REVERSE SIDE FOR APPLICABLE WISCONSIN STATUTES. Report when orders are completed. Avoid delay. Forfeiture for unresolved violations are \$10.00 to \$100.00 each day for each violation. Keep the Department informed.

"Failure of an employer to reasonably enforce compliance by employes with such statute or order of the Department shall constitute failure by the employer to comply with such statute or order." (s. 102.57, Wis. Stats.)

Inspection Date	Plan/Report Number	File Number		Page
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	a	Inspection Type		
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		City		County
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SBD-2 (R. 09/90)

#### BUILDING/STRUCTURE/HVAC PLANS APPROVAL APPLICATION

•	Comp	lete	Both	Sides -	

Wisconsin Department of Industry, Labor & Human Relations Safety & Buildings Division Bureau of Buildings & Structures

- Complete Both Sides -	E-File
Scheduling Information - complete	Erne
Scheduling Information - complete when calling to schedule review:	Plan No

INSTRUCTIONS: Fill in all applicable data. Caution: Failure to complete the form entirely may cause additional delay. Submittal of this Plans Approval Application is required for each building. Submit this form with at least 4 sets of plans which include details and data as required by ILHR 50.12. Plans may be submitted to any of the plan review offices listed on the reverse side. Projects are scheduled for review. Please call the selected office prior to submittal. Any components submitted independently from the building plans must be submitted to the office which did the project's initial review.

1. Owner information		2. Project Information		3. Building or Structure Designer Information			
Name _	· · · · · · · · · · · · · · · · · · ·	Building Occupancy Ch	apter(s) And Use:	Designer	Regis	stration #	
Company Name		Tenant Name (If Any)		Design Firm	Proje	:ct <b>#</b>	
Number & Street	0	Building Location (Nur	nber & Street)	Number & Street		-	
City, State, Zip Code	21 110	City Village	Township Of	City, State, Zip Code			
Contact Person	VIIBRA	County Of		Contact Person		· · · · ·	
Telephone Number	al love	Property ID No. (tax pa	rceinocontact county)	Telephone Number	Fax Number		
Fax Number	)V	Government Owned		Return Plans To: Ow	ner Designer	r j	
			r Operated ] Yes ] No	Other: (specify)		<u>.</u>	
4. Building History		5. Construction C	lass Requested	6. HVAC Designer			
Previous Owner(s) (if any		1. Fire Resistive     2. Fire Resistive	Type B	Designer	Regis	stration #	
		3. Metal Frame     4. Heavy Timber	r	Design Firm	Proje	ict≢	
Previous Plan or File No.		SA. Exterior Masonry-Protected     SB. Exterior Masonry-Unprotected		Number & Street			
Variance No. Preliminary No. Other Information (previous use, last submission)		6. Metal Frame-Unprotected     7. Wood Frame-Protected     8. Wood Frame-Unprotected     fplans do not show compliance with requested.     Construction class but are approvable at a lower		City, State, Zip Code			
				Contact Person			
		class, do you wish appr	oval at the lower class?	Telephone Number	Fax Number		
		TYES NO		( ) <sub>~~</sub>	( )		
7. Building Informa	stion	8. Submittal Req	uest	9. Supervising Prof	essional Info	ormation	
Complete Sprinkler Partial Sprinkler Unlimited Area Fire Alarm Smoke Detection Total Number of Stories Building Footprint Area Soil Bearing Capacity Verified Erosion Control Informat Less Than 5 Acres 5 or More Acres 1	NFPA	Project Project New Alteration Addition Revisions Use Change Use C	Review Requested   Footing/Foundation   Building   Permission to Start   HVAC   Truss   Precast   Structual   Laminated Wood   Metal Building   Joist/Girder	□ For Building         □ Same As Building Dest         □ For HVAC         □ Same As HVAC Desig         Supervising Prof (if diffe         Registration #         Number & Street         City, State, Zip Code         Telephone Number         ( )	ner	iner)	
10. Related Business		I the respective Proc	ram for clarification a	and plan submittal re	quirements.	··· ··	
Elevators (608-267- Fire Service Prov Limited Use/Acco Passenger eleva Freight elevator Part 5 (residenti Part 20 (wheeld	3576) includes: ided ess tor al lift)	Flammable/Combus Will any portion of storage or dispensio combustible liquids	stible Liquid (608-267-1379 this building be used for		el (608-266-1904 ation/AC (608) 2	4) 266-1904 Onia	

SBDB-118 (R. 09/94)

- CONTINUE ON REVERSE SIDE -

#### WISCONSIN ADMINISTRATIVE CODE

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ILHR 66 Appendix A

12. Calculation of Fees

Area: The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas.

Attach a separate sheet if necessary for the calculations below:

Original

Floor Level (specify)	Length	· X	Width	=	A	rea
		X		° =		
		_ × _		, <b>=</b>		
-		_ X _		=		
		_ × _		=		
		_ x _		=		
			Total Area	=		
<ul> <li>Project NOT located in ce</li> <li>Project located in certifie</li> <li>(See Fee Schedule for list</li> </ul>	d municipality (go to	Fee Schedu				
Building and HVAC			9	Fee \$		
	•••••		<u>al 12</u>	Fee \$		· · · · · · · · · · · · · · · · · · ·
HVAC Only				Fee \$		tere in the second s

$\overline{\Box}$	Revision To Previously Approved Plan Permission To Start Pre-July 1992 Building Components		Fee	Ś	
$\overline{\Box}$	Permission To Start	C VILLA-	Fee	\$	
ō	Pre-July 1992 Building Components	DIV.	Fee	\$	
	Other	<b>—</b>			
-		Total Fee		*	

OWNER'S STATEMENT (ILHR 50.11): I request that plans be reviewed for compliance with the code requirements set forth in Chapters ILHR 50-64 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 ILHR 50.10 throughout construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy. 13.

**Owner's Signature:** 

Name & Title

Print

DESIGNER'S STATEMENT: DESIGN (ILHR 50.07-50.09) 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 (ILHR 50.07(2)). Signatures and seals shall be original. 14

The department expects, and requires, that the project designer review individual component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs. .... . ....

Total cubic foot volume of the building upon completion of this project: [] Less Than 50,000	[] 20,000 or	Greater
Design loads have been indicated on the plans.	📋 Yes	
Firewall schematic plan has been included.		N/A
All applicable items required by ILHR 50.12 have been included.	🗍 Yes	N/A

I certify that the submitted plans were prepared under my supervision, are accurate, and to the best of my knowledge comply with the applicable codes of the Department of Industry, Labor and Human Relations.

Original Signature of Building	Designer ( Submittal )	Pate Signed	Original Signature of HVAC Designer	Date Signed
Original Signature of Building	Designer ( Component ) C	Date Signed	Name of Component Fabricator	en ander en
professional per ILI the construction is construction, I will	HR 50.10 for the perform in substantial complian file a written statemen	nance or superv ce with the app t with the depar	I have been retained by the owner ision of reasonable on-the-site of roved plans and specifications. L trenent certifying that, to the best tantial compliance with the appr	oservations to determine if Ipon completion of t of my knowledge and
Original Signature of Professio	onal Supervising The Building	Date Signed	Original Signature of Professional Super	vising The HVAC Date Signed
				and a star of the
Hayward Office 203 W. 1st Street Rt 8, 80x 8072 Hayward, WI 54843 Phone (715) 634-4870 Fax (715) 634-5150	La Crosse Office 2226 Rose Street La Crosse, WI 54603 Phone (608) 785-9334 Fax (608) 785-9330	Madison Office 201 E. Washingto P.O. Box 7969 Madison, WI 537 Phone (608) 266- Fax (608) 267-95	Shawano, Wi 54166 07 Phone (715) 524-3626 8735 Fax (715) 524-3633	Waukesha Office 401 Pilot Court, Suite C Waukesha, WI 53188 Phone (414) 548-8600 Fax (414) 548-8614

The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

Hayward, WI 54843 Phone (715) 634-4870 Fax (715) 634-5150

Wisconsin Department of Industry, Labor and Human Relations

#### PERMISSION TO START CONSTRUCTION

Safety and Buildings Division

## NOTE: This permission is applicable only to projects having below grade foundation work.

Additional fees are required. Contact one of the locations listed below for more information. The information you provide may be used by other government agency programs [Privacy Law, s. 14.04 (1)(m)].

HAYWARD OFFICE 209 W. 1st Street Rt. 8, Box 8072 Hayward, WI 54843 Tele: (715) 634-4870 FAX: (715) 634-5150 LA CROSSE OFFICE 2226 Rose Street La Crosse, WI 54603 Tele: (608) 785-9334 FAX: (608) 785-9330 MADISON OFFICE 201 E. Washington Ave. PO. Box 7969 Madison, WI 53707 Tele: (608) 266-8735 FAX: (608) 267-9566 SHAWANO OFFICE 1340 E. Green Bay Street Shawano, WI 54166 Tele: (715) 524-3626 FAX: (715) 524-3633 WAUKESHA OFFICE 401 Pilot Court Waukesha, WI 53188 Tele: (414) 548-8600 FAX: (414) 548-8614

Street:	P	E-File:
City:	MOLLE	Pian Number:
County:	CUMUL	Date Plans Rec'd:
Occupancy:	Dre	······································

We, the undersigned, request to begin footing and foundation work prior to approval of the plans in accordance with ILHR 50.14.

We understand that no detailed review, other than for compliance with ILHR 50.12 or 50.13, will be conducted by the Department at this time.

We have reviewed the specific code requirements for the building or structure and its use, as set forth in ILHR 50-64, and, where applicable, have shown compliance on the drawings.

We agree to make any changes required after the plans have been reviewed and to remove or replace non-code complying parts of the foundation and/or footings.

We agree to proceed with the footings and foundation only and will not continue with the remainder of the building or structure until approval has been received.

We understand that, prior to the start of construction, a Building Permit must be obtained from the local authorities having jurisdiction in accordance with their laws and ordinances.

We understand that if this project is in an unsewered area, a sanitary permit must be obtained prior to the issuance of a local building permit (ss 101.12 (3) (h)).

We understand that if this project will disturb 5 or more acres of land, an Erosion Control Notice of Intent per ILHR 50.115 shall be filed with the Department.

	:	· · · · · · · · · · · · · · · · · · ·	
Date Signed:	(Original Sign	ature in Ink)	
Designer's Name:	-	· ·	
Street:			
City:	State:	Zip:	
Approved			
	Designer's Name: Street:	Date Signed: Designer's Name: Street: City:State:	Designer's Name:

**Review Comments:** 

SBDB-198 (R. 11/94)

Reviewed By:

ILHR 66	Appendix A

bor & Human Relations	File Number	Plan No.	d Buildings Division 7969, Madison, WI 537
	E-		
	Inspection Date: No. 1.	Pers	on Contacted
	2.		
	3.		
	Bldg. Final H & V Final		
	Other Final		· · · · · · · · · · · · · · · · · · ·
<b>)</b> ;	Compliance Date:		
	Office Instruction (C	heck one):	Supervisory Review
	Voluntary C	ompliance	
	Process SB	-2	
•	□ Violations e	xplained to owner	
	ISPECTION FINDINGS		
Order Not Corrected Items listed below should be corrected before the r	next inspection or final inspection.	These items are viola	tions of the Building
2 3 Final Code sections noted.	- <u></u>		
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mer's Name and Address (if different from above):	Deputy's Name:		
	Deputy's Signature:		
	Deputy's Office Hours	and Telephone Nu	mber:
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### **Compliance Statement**

This form is required to be submitted by the architect, engineer, or HVAC designer (supervising professional) observing construction of projects within buildings with total volumes exceeding 50,000 cubic feet and construction of antennas, towers and bleachers (ILHR 50.10). Failure to submit this form may result in penalties as specified in ILHR 50.26 and/or local ordinances.

**General Instructions:** Prior to the initial occupancy of new buildings or additions and the final occupancy of altered existing buildings, submit this completed and signed form to:

- The municipal building inspection office and
- DILHR, Safety and Buildings, P.O. Box 7969, Madison, WI 53707

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

1. PROJECT INFORMATION: (Use the DILHR or municipal project label, or type or print the information. If label is used, no additional entry is needed on part 1.)

Owner Information	Project Information	1 a.
Name	Building Occupancy Chapter(s) & Use	
Company Name	Tenant Name (if any)	······································
Number and Street	Building Location (number & street)	n de la composition de la comp
aty Although	City Village Town of	
itate and Zip Code	County of	
Nan or Reference Number	Property Identification Number	
Name and Registration Number of the Building Supervising Professional	Name and Registration Number of the HVAC Supervisio	g Professional
boxes and informa Building and HVAC  Building Only	or D to indicate purpose and complete any oth ation. Attach additional pages if necessary.)	er applicab
Partial Completion Description of Portion Completed		
A)  Statement of Substantial Compliance		
To the best of my knowledge, belief, and based on onsite obs applicable to this project have been completed in substantial	ervation, construction of the following building and/or HV compliance with the approved plans and specifications.	/AC items
D BUILDING ITEMS	HVACITEMS	
<ol> <li>Structural system including submittal and erection of building components (trusses, precast, metal building</li> <li>Fire protection systems (sprinklers, alarms, smoke det designed, installed and tested (including forward flow back flow devices) by appropriately registered profes</li> </ol>	g, etc.) (ILHR 64.53) lectors) w on 2. All conditions of HVAC pl	an approva
4. Shaft and stairway enclosures 3. Exits including exit and directional lights		
5. Fire-resistive construction, enclosure of hazards, fire w	walls,	
labeled doors, class of construction 6. Sanitation system (toilets, sinks, drinking facilities)		
7. ILHR barrier free requirements		
8. All conditions of building plan approval and applicab		
The following items are not in compliance and must be ad	loressed:	
B) Statement of Noncompliance Due to the following listed violations, this project is not ready for c	<u></u>	n godi
Due to the following listed avoiations, this project is not ready for t		
C) 🔲 Supervising Professional Withdrawn Fro	m Project (the Association of States	where of this day
C) Supervising Professional Withdrawn Fro	SITE FTOJECE (USE A OF B above to moleate project statu	58501 415 68
D) 🗌 Abandoned	· · · · · · · · · · · · · · · · · · ·	
UPERVISING PROFESSIONAL SIGNATURES:		
	Date	
BOTH Bidg & HVAC		
Upervising Professional for: BOTH Bldg & HVAC Bldg. ONLY Bldg. ONLY	Date Date Date	

Sit	el	nfo
Subdivision		e a t
Lot No.		Block
Zoning District		
1/4,1/4, SEC	T	, N, I
Parcel No.		
Setbacks:		
Front Yard		
Rear Yard		
Loft Vard		

Lot No Zoning District 1/4,1/4, SEC_		Block No		
		TNR	ForW	
Parcel No.				
Setbacks: Front Yard			leet	
Rear Yard Left Yard			leet leet	
Right Yard			feet	

Phase	RGH	FNL	Ero- sion
Footing			
Foundation			
Bsmt. Drain Tiles			
Construction			
Plumbing			
Heat/Vent/AC			
Electrical			
Insulation			
Occupancy			

NOTICE OF NONCOMPLIANCE This issuing jurisdiction shall notify the appli-cant in writing of any violations to be corrected. All cited violations shall be corrected within 30 days after notification, unless extension time is granted.

SBD-9686 (N. 02/94)

The issuing jurisdiction may require this card to be posted until the final inspection has been made. This permit will expire 24 months after the date of issuance if the building's exterior has not been completed. **ISCONSIN UNIFORM** MULTIFAMILY



# **Project:**

Jeen		· · · · · · · · · · · · · · · · · · ·
	Owner (Agent)	ela.
ssued to	Building Site Address	SIMIAN .
	City, Village, Town, County	A A
not but	Person Issuing	Cert. No.
ssued by	Date Issued	Telephone Number

## **Comments:**

The information you provide may be used by other agency programs [Privacy Law, s. 15.04(1)(m)].

WIS STATS. 101.973

WISCONSIN ADMINISTRATIVE CODE

gister, March, 1995, No. 471

36

ILHR 66 Appendix A

Wisconsin Department of Industry, Labor and Human Relations Dept. Use Only Plan No	Petition For Variance App	Safety & Buildings Division 201 E. Washington Ave: P.O. Box 7969 Madison, WI 53707 Telephone: (608) 266-3151 Page 1 of
Amount Paid		
		ment agency programs (Privacy Law, s. 15.04(1)(m)).
1. Owner Information Name	2. Project Information	3. Designer Information
	Building Occupancy Chapter(s) and Use	Designer Registration #
Company Name	Tenant Name (II any)	Design Firm
Number and Street	Project Location (number and street)	Number and Street
City, State and Zip Code	City Village Township of	City, State and Zip Code
Contact Person	County of	Contact Person
Telephone Number Fax Number	Prop. ID # (lax parcel # - contact county)	Telephone Number Fax Number
<ol> <li>Plan Review Status</li> <li>Review By: State Municipality</li> <li>Plan Number</li></ol>	Pretiminary design     Bretiminary design	
	ode cannot be attained without the varianc	e ealth, safety, or welfare as addressed by the
code section petitioned.		
	as part of the petitioner's statements (i.e., approved variances, pictures, plans, sketcl	model code sections, test reports, research res, etc.)
Section ILHR 2.52 for complete fee inform	alid only if notarized with affixed seal a ation) f the building or project. Tenants, agents,	
	ower of Attorney is submitted with the Peti	
Polytonogla Nama (two or and)		r that I have read the foregoing petition and I believe
Petitioner's Name (type or print)		mership rights to the subject building or project.
etitioner's Signature	Subscribed and sworn to Notary Pul before me this date	Dic My commission expires on
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Register, March, 1995, No. 471

37

WISCONSIN ADMINISTRATIVE CODE

Owner's Name			roject Location		Plan Akm	ber
					Page 2 of	
		•	Position Statem		Page 2 01	
	10, and other i	ire related require				14 - 14 1
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Fire Chief or Designee Name Fire Chief or Designee Signat	une		······································	Date Sig		
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To be complet municip have read the petit	Municipal E ed for variances requality or orders are v tion for variance Conditional App	uested from ILHR written on the build and recommen roval  De	20-23, also to be use ling under construction Id: (check appropr nial D	Date Signation d if ILHR 50-64 p r; optional in othe iate box) o Comment	ned Jan review is by r cases.	
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#### DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS

ILHR 66 Appendix A

### A-66.42 (3) Example to determine total aggregate exit width.

	5	300	Type No. 1 sprinklered construction.
	4	400	Aggregate exit width required from a floor
	3	500	into the stairwell is 30 inches per 100 people on that floor; i.e.,
	2	200	people of chat 12001, 1.e.,
$\square$	1	600 Grade	5th floor to stairwell = $3 \times 30 = 90^{\circ}$
ļ	B <sub>1</sub> -	100	4th floor to stairwell = $4 \times 30 = 120''$
	<sup>B</sup> 2	300	3rd floor to stairwell = $5 \times 30 = 150^{\circ}$
L	B <sub>3</sub>	400	514 11001 to statiwell ~ 5 x 50 ~ 150

etc.

Total stair width required:

5th to 4th	- 300 persons (100%) x $30''/100$ persons = $90''$
4th to 3rd	- [400 persons (100%) + 300 persons (50%)] 30"/100 persons = 165"
3rd to 2nd	- [500 persons (100%) + 400 persons (50%) + 300 persons (25%)] 30"/100 persons = 232.5"
2nd to 1st	- [200 persons (100%) + 500 persons (50%) + 400 persons (25%)] 30"/100 persons = 165" (Use 232.5")
lst to exterior	- [600 persons (100%) + (200 persons + 100 persons) (50%) + (500 persons + 300 persons) (25%)] 30"/100 persons = 285"
B <sub>1</sub> to 1st	- [100 persons (100%) + 300 persons (50%) + 400 persons (25%)] 30"/100 persons = 105" (Use 150")
B <sub>2</sub> to B <sub>1</sub>	- [300 persons (100%) + 400 persons (50%)] 30"/100 persons = 150"
B <sub>3</sub> to B <sub>2</sub>	- 400 persons (100%) x $30^{\prime\prime}/100$ persons = $120^{\prime\prime}$

Stair width required from B<sub>1</sub> to 1 is 150" as stair cannot decrease in width along path to exit [ILHR 66.38 (3) (b)].

39