Division of Industry Services

Application for General Plumbing Plan Review and Cross Connection Assembly Registration

-Complete all pages-

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

General Plumbing

1. For pre-scheduling of plumbing plans, use the electronic online request for plumbing plan appointments found at http://dsps.wi.gov/Plan-Review. This form is to be used only for mailing or dropping off plans without an appointment, or if you are scheduling a Revision via fax (see Box 13 for further information). Check our website at http://dsps.wi.gov/Plan-Review/About-Plan-Review/Plan-Review-Forms/ for the most current version of this form. We may re-distribute plans to another office if needed to reasonably balance turnaround times. You may monitor the status of your plan at: http://www.dsps.wi.gov/Plan-Review/Plan-Status.

Desired Appointment Date: _____

Previously Related Transaction #

See our website for next available appointment at http://dsps.wi.gov/Plan-Review/Availability-Calendar/

OFFICE USE:

Trans ID: _____

Complaint Case #: _____

Assigned Reviewer: _____

Assigned Office: _____

Reviewer Start Date*: _____

2. Project Information – Fill in all known information

Project/Site Name:

Number & Street:

County: _____ ☐ City ☐ Village ☐ Town of _____

3. Mailing Information

☐ Call Customer ☐1 ☐ 2 ☐ 3 (Check one number)*
* Refers to customer listed below

After plans are reviewed please: (check all that apply)

☐ Mail plans to Customer ☐1 ☐ 2 ☐ 3 (Check one)*
☐ Plans to be E-filed – **SharePoint User Name is:** _____
☐ Requesting party will pick up

4. Complete the following customer information in the boxes below.

Designer Information (Customer 1) (Person who stamped the plan)

_____ _____ _____
First Name Last Name Customer ID Number

Company Name: _____

Address: _____

City: _____ State: _____ Zip + 4 (9 digits): _____

Phone Number (Area Code): _____

Email Address: _____

Have you submitted plumbing plans to Industry Services in the last year? ☐ Yes ☐ No

Owner Information (Customer 2)

_____ _____ _____
First Name Last Name Customer ID Number

Company Name: _____

Address: _____

City: _____ State: _____ Zip + 4 (9 digits): _____

Phone Number (Area Code): _____

Email Address: _____

Contact Person or Other, Please Specify (Customer 3)

_____ _____ _____
First Name Last Name Customer ID Number

Company Name: _____

Address: _____

City: _____ State: _____ Zip + 4 (9 digits): _____

Phone Number (Area Code): _____

Email Address: _____

Make checks payable to: Industry Services Division and attach to the application and plans.

☐ Invoice Designer, who will be personally responsible for payment.

Designer Signature: _____

Total amount due (from page) $ _____

Minimum Fee $85.00

(except for Cross Control Connection Registrations

In Non-Health Care and related facilities) - $30.00

Revenue Code 7657

SUBMIT ADDITIONAL PAGE 2 FOR EACH NON-IDENTICAL BUILDING OR TENANT SPACE

Additional Building Specific Items Next Page

5. BUILDING SPECIFIC INFORMATION		
☐ New ☐ Addition/Alteration ☐ Revision to Previously Approved plan where approved construction has not been completed ☐ Sovent/Provent, ☐ 13D Multi-Purpose Piping** ☐ siphonic roof drain systems** ☐ Structure is greater or equal to 5 stories in height ☐ Project is Apartment/Condo only ☐ Healthcare and Related Facility ☐ Multiple identical buildings Number of identical buildings being submitted _____ (NOTE: Buildings must be on same site and ** must be submitted to Madison Office)		
Indicate Building/Tenant Designation for Each Building and/or Tenant Space (Attach Additional Pages if Necessary)		
Building/Facility Name/Designation	Previous Tenant Name	Building/Facility Address

Item Description – Indicate items included with this submittal for this building.	Fee Computations (doubled for installation without approval) Check appropriate box and enter fee Calculate the fees separately for each building	Required Fee
Indicate here the total number of interior fixtures, including roof drains and hose bibs being submitted for this building:	TOTAL # _____	
6. BUILDING SPECIFIC SANITARY: Select ONE of the following six options and enter the corresponding diameter or Drainage Fixture Units (DFU) and enter fee		
1. ☐ Interior **Sanitary Drain and Vent** System and Exterior **Sanitary Building Sewer**	Diameter of sanitary building sewer(s) in inches _____ x $50	
2. ☐ Interior **Sanitary Drain and Vent** system only	Diameter of sanitary building sewer, in inches, required to serve the building. _____ x $50	
3. ☐ Exterior **Sanitary Building Sewer**(s) only	Diameter of sanitary building sewer(s) in inches _____ x $30	
4. ☐ Interior **Sanitary Drain and Vent** system within an addition or remodeled building	DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
5. ☐ Multiple exterior **Sanitary Building Sewers** serving the single building, and the interior **Sanitary Drain and Vent system**	DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
6. ☐ Interior **Sanitary Drain and Vent System** with multiple building drains exiting the building. No exterior sanitary sewers	DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
7. BUILDING SPECIFIC WATER: Select ONE of the following six options and enter the corresponding diameter or Gallons Per Minute (GPM) and enter fee		
1. ☐ Interior Water Distribution system and exterior Water Service	Diameter of exterior water service in inches, or if serving a combination domestic and fire sprinkler system, enter diameter of interior water distribution immediately after the meter or at the building control valve in inches x $50	
2. ☐ Interior Water Distribution system, no exterior Water Service	Diameter of interior water distribution immediately after the meter or at the building control valve in inches x $50	
3. ☐ Exterior Water Service(s), no interior Water Distribution system	Diameter of exterior water service in inches x $30	
4. ☐ Interior Water Distribution system within an addition or remodeled building, no exterior Water Service	GPM added or relocated See fee Table 2 on page 4 to convert GPM to a fee	
5. ☐ Multiple exterior Water Services serving the single building, and the interior Water Distribution system	GPM See fee Table 2 on page 4 to convert GPM to a fee	
6. ☐ Interior Water Distribution system with multiple services exiting the building, no exterior Water Services.	GPM See fee Table 2 on page 4 to convert GPM to a fee	
8. Indicate the number of items below included with this submittal.		
Grease Interceptor	Number of Grease Interceptors x $85, no additional fee if submitted with Sanitary Drain & Vent	
Garage Catch Basin	Number of Garage Catch Basins x $85, no additional fee if submitted with Sanitary Drain & vent	
Oil Interceptor	Number of Oil Interceptors x $85, no additional fee if submitted with Sanitary Drain & vent	
Car Wash Interceptor	Number of Car Wash Interceptors x $85, no additional fee if submitted with Sanitary Drain & vent	
Sanitary Dump Station	Number of Sanitary Dump Stations x $85, no additional fee if submitted with Sanitary Drain & vent	
Mixed Wastewater Holding Devices	Number of Mixed Wastewater Holding Devices x $85, no additional fee if submitted with Sanitary Drain & vent	
Chemical System (No Eyewash or emergency showers)	Number of Chemical Systems x $85, no additional fee if submitted with Sanitary Drain & vent	
Cross Connection Control Assemblies in **Health Care and Related Facilities or State owned buildings to be reviewed**	Number of Cross Connection Control Assemblies x $170	
Request to Register Cross Connection Control Assemblies in **Non-Health Care Related Facilities**	Number of Cross Connection Control Assemblies x $30	

Additional Building Specific Items Next Page

Table 1

DRAINAGE FIXTURE UNIT (DFU) FEE TABLE		
DFU	**Pipe Diameter**	**Fee (diameter X $50)**
1	1 1/4	$50
2-3	1 1/2	$65
4-6	2	$75
7-20	3	$150
21-160	4	$200
161-360	5	$250
361-620	6	$300
621-1400	8	$400
1401-2500	10	$500
2501-3900	12	$600

Table 2

WATER DISTRIBUTION FEE TABLE

Table 302.64-2

GPM			Fee
1	to	6	$25.00
7	to	12	$35.00
13	to	21	$50.00
22	to	31	$60.00
32	to	46	$75.00
47	to	77	$100.00
78	to	119	$125.00
120	to	170	$150.00
171	to	298	$175.00

Table 3

STORM GALLONS PER MINUTE (GPM) FEE TABLES		
GPM	**Diameter**	**Fee (diameter X $15/inch)**
1-50	3	$45
51-115	4	$60
116-195	5	$75
196-320	6	$90
321-700	8	$120
701-1300	10	$150
1301-2200	12	$180
2201-4050	15	$225
4051-6700	18	$270
6701-9880	21	$315
9881-14700	24	$360

Table 4

STORM AREA FEE TABLE	
Acres (area drained to a plumbing system)	**Fee**
Greater than 1 to 5	$350
Greater than 5 to 15	$500
Greater than 15	$600

43,560 sq ft = 1 acre

12. Agent Municipalities (See SPS Table 382.20 - 2 for agent plan submittals.) Cities of:

Appleton
Eau Claire
Green Bay
Janesville
Madison
West Allis
Milwaukee
Oshkosh
Verona*

NOTE: Plans must be submitted to agent, unless waived by them.
** Service has been temporarily suspended

Some agents are delegated to perform plan review for infiltration systems. See http://dsps.wi.gov/Documents/Industry%20Services/Forms/Plan%20Review/Industry%20Services%20Division%20Plumbing%20Agent%20Municipalities.pdf for current list.

Madison	**Hayward**	**Holmen**	**Green Bay**	**Waukesha**
1400 E Washington Avenue 53703 PO Box 7162 Madison WI 53707-7162 1-877-840-9172 TTY: Contact Through Relay Fax: (for sending questions or additional info to reviewers) 608-267-9566	10541N Ranch Road Hayward WI 54843 715-634-4870 Fax: (for sending questions or additional info to reviewers) 715-634-5150	3824 Creekside Lane Holmen WI 54636 608-785-9334 Fax: (for sending questions or additional info to reviewers) 608-785-9330	2331 San Luis Place Green Bay, WI 54304 920-492-5601 FAX: (for sending questions or additional info to reviewers) 920-492-5604	141 NW Barstow Street 4th Floor Waukesha WI 53188-3789 262-548-8600 Fax: 262-548-8614

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Water treatment device addressing regulated contaminants* (submit to Madison only)	SPS 302.04(1). Requires a plan review fee to be charged at a rate of $80 per hour for each water treatment/reuse system plan review	
Water Treatment System for compliance to 382.70*		
Water Reuse System – Submit to Madison or Waukesha ☐ Graywater/ Blackwater/Stormwater ☐ Subsurface/Infiltration	*SPS 302.04(2) An assessment fee for an inspection to be charged at a rate of $80 per hour	

Page Fee Subtotal _____

Number of identical buildings X above Fee Subtotal (carry to bottom of Page 3) _____

9. SITE SPECIFIC INFORMATION:

Check and complete diameter information if included in this submittal	Fee Computation (doubled for installation without approval) (Check appropriate box and make fee computation.	Required Fee
STORM – All storm piping is considered site specific. **If the plan includes subsurface infiltration**, submit only to Madison, Hayward or Waukesha.		
Indicate total number of exterior fixtures such as storm drain inlets submitted with this application _____	Drainage area served by the storm plumbing system is (check one and enter corresponding information)	
Check all that apply: ☐ **Interior storm drain system with a clearwater drain system** (if submitting interior storm only, use the roof area to determine the drainage area for fees.)	A. ☐ Less than or equal to 1 acre drainage to the plumbing system with a single discharge point _____ diameter at discharge point in inches x $15/inch	
☐ **Interior storm drain system** without a Clearwater drain system (if submitted interior storm only, use the roof area to determine the drainage area for fees.) ☐ **Storm Building Sewer**	B. ☐ Less than or equal to 1 acre drainage to the plumbing system with multiple discharge points _____ Total GPM discharge. See Table 3 on next page to convert GPM to fee	
☐ **Storm Private Interceptor Main Sewer**	C. ☐ Greater than 1 acre drainage to the plumbing system. Acres See Table 4 on next page to convert acres to a fee NOTE: Maintenance plan submittal required.	
☐ **Storm water and/or clear water Subsurface Infiltration for Public Building submitted with or without a storm piping system** Storm system Infiltration Volume (gal) _____ Select Madison, Waukesha or Hayward offices for plans with infiltration and other plumbing systems.	• If this submittal is infiltration WITH storm, indicate $200 in the fee column. • If submitting infiltration WITHOUT storm, calculate the corresponding fee in A, B, or C above as if you were submitting those elements and enter here _____. Add $200 and enter the total fee in the fee column.	
☐ **Clearwater drain system** without an interior storm drain system	$15/inch diameter of each Clearwater drain system inches _____ x $15/inch	
SANITARY		
☐ Submittal of **Sanitary Private Interceptor Main Sewer** Indicates the number of independent connections to the municipal sewer or POWTS _____	Sum of largest PIMS diameters in inches x $30/inch Compute for each independent system and total)	
WATER		
☐ **Private Water Main** Indicate the number of independent connections to the municipal water main or well pressure tank _____	Sum of water main diameters in inches x $30/inch (Compute for each independent system and total)	

10. If the submittal is for a Mobile/Manufactured Home Community and/or Campground/Recreational Vehicle Park, indicate the number of sites and enter fee:

Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park	Required Fee	Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park	Required Fee	
☐ 1-25 Sites	$300	☐ 51-125 Sites	$400	
☐ 26-50 Sites	$350	☐ Greater than 125	$500	
Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park submittal includes:				
☐ Sanitary Dump Station		☐ Exterior Water Service		
☐ Exterior Sanitary Sewer		☐ Private Water Main		
☐ Sanitary Private Interceptor Main Sewer				

11. OTHER FEES

☐ Plan Approval Extension (1 year maximum)	$120	
☐ Revision to previously approved plans (**List Regulated Object Number(s) from the approval letter that are being revised**) _____	$85 Required – NOTE: Must be scheduled with office that previously reviewed the plans.	
☐ Experimental Plumbing System (Submit to Madison Office)	Number of Experimental Plumbing Systems _____ x $1,000	
☐ Alternate Plumbing System (Submit to Madison Office)	Number of Alternate Plumbing Systems _____ x $800	
	Subtotal From Page 2 (include subtotals from additional Page 2s if used)	
	Enter Total Fee Here and at Bottom of First Page	

13. CROSS CONNECTION CONTROL ASSEMBLY INFORMATION

Registering Cross Connection Control (CCC) Assemblies (except for health care and related facilities) and reporting test results can be done online for a reduced fee at http://dsps.wi.gov/Online-Services/Industry-Services/Cross-Connection-Control-Assembly/. All assemblies shown on plan must be registered with this submittal. If the assembly is already registered prior to review of the plans, indicate the Regulated Object number below.

☐ Check if serving Healthcare and Related Facilities (see below for definition)

Water Supply Source: Check one ☐ Municipal Water System ☐ Other than municipal, non-community or private water system. See NR 811 and 812 for definitions.

REGULATED OBJECT #	Assembly Type*	Facility Name	Size	Mfg.	Assembly Model	Serial Number	Specific Location of Assembly	Assembly Is Serving
Indicate if known	* RP	UW Human Services Buildings	3/4"	ACME	002M2QT	Indicate if known	Rm. 219, No. Wall	Boiler

*
PVB Pressure vacuum breaker assembly – ASSE 1020 + CAN/CSA B64.1.2
RP Reduced pressure principle backflow preventer – ASSE 1013 + CAN/CSA B64.4
RPD Reduced pressure detector fire protection backflow preventer assembly – ASSE 1047
SVB Spill resistant vacuum breaker – ASSE 1056 + CAN/CSA B64.1.3

"Health care and related facility" means a hospital, nursing home, community-based residential facility, county home, infirmary, inpatient mental health center, inpatient hospice, ambulatory surgery center, adult daycare center, end stage renal facility, facility for the developmentally disabled, institute for mental disease, urgent care center, clinic or medical office, child caring institution, or school of medicine, surgery or dentistry.

Note: Be aware that state plan review and approval is separate from local permits. Always check with the local municipality and county for their requirements.

Per SPS 382.20 (6), one set of approved plans shall be kept at the construction site.

14. PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORD WITH CODE SECTION SPS 382.20.

Two complete sets of plumbing plans and specifications (including detailed information on types of materials and fixtures) (maximum of five). Make sure your submittal is complete! Incomplete submittals will result in delays or loss of appointment.

Plans shall include:

1. Plot plan showing size and pitch of sanitary and/or storm sewer and water.
2. Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
3. 30/60° isometric diagrams of the drain, vent and water distribution systems. Indicate water supply and drainage fixture unit loads at each change in pipe diameter.
4. Complete water calculations in accord with SPS 382.40 (7).
5. Complete storm drain sizing calculations in accordance with SPS 382.36 (5).
6. Remodeling or additions shall include existing loads.
7. Water Quality Management Letter if required by SPS 382.20 (4) (b).
8. For storm water plans, submit appropriate architectural roof drainage plans, site grade run off plans and contour lines showing what is drained to the plumbing system. Show all pipe sizes and discharge rates after every inlet.
9. For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
10. All plans must be properly signed per SPS 382.20 (4)(c). Plans involving more than one sheet must be **BOUND** into sets.
11. For water re-use submittals include information requested in the product approval.
12. Complete sizing calculations for all grease interceptors.

15. Other Potential Plan Submittals Required For A Project?

- Petition for Variance – Submit form SBD-9890-X
- Private sewage systems under SPS 381-385
- Buildings under SPS 361-366
- Elevators or Escalators under SPS 318
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter SPS 390
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under SPS 310
- Fixtures which require water or waste connections may need product approval.
- There is no state electrical plan review
- UDC permit information and application packet available online at http://dsps.wi.gov/Plan-Review/About-Plan-Review/Plan-Review-Forms/

Contact the Industry Services Division for individual submittal requirements for all of the above.

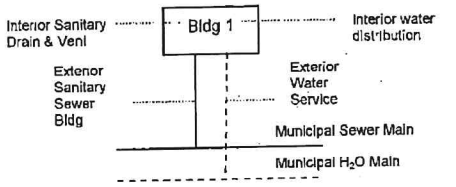
For licensing of hotels, motels, restaurants, pools, campgrounds, and bed and breakfast establishments contact the DHS, Wisconsin Environmental Sanitation Section, 608-266-2835.

The Wisconsin Permit Center at 1-800-435-7287 may be able to help you with other state permit requirements.

TYPICAL EXAMPLES OF BUILDING SPECIFIC/SITE SPECIFIC
INDICATED TASKS ARE FOR COMPLETING FORM PAGES AND WEB SCHEDULING

(1)

Building Specific Plumbing Component



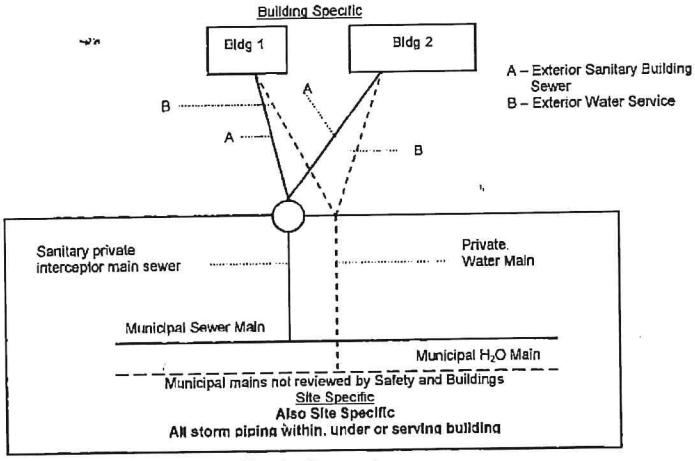
All are building specific (municipal mains not reviewed by Safety and Buildings)

Web - 1 Building Specific Plumbing Component

This Form - Page 2 to be done 1 time

(2)

Building and Site Specific



Web - 2 Building Specific Plumbing Components
1 Site Specific Plumbing Component

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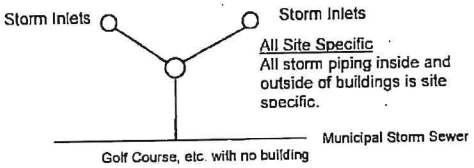
(3)

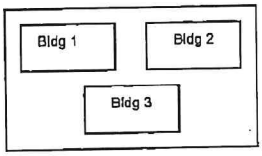
Site Specific Storm



Web - 0 Building Specific Plumbing Component
1 Site Specific Plumbing Component

This Form - Page 3 to be done 1 time. Also, if cross connection assemblies, complete pages 2 and 6.

(4)

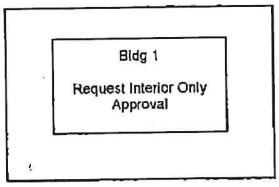


Request Interior and Exterior Approval

Web - 3 Identical Building Plumbing Components
1 Site Specific Plumbing Component

All storm is site specific
This Form - Page 2 to be done 1 time Page 3 to be done 1 time

(5)



Web - 1 Building Specific Plumbing Component
0 Site Specific Plumbing Component

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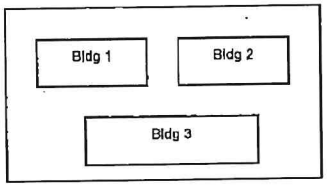
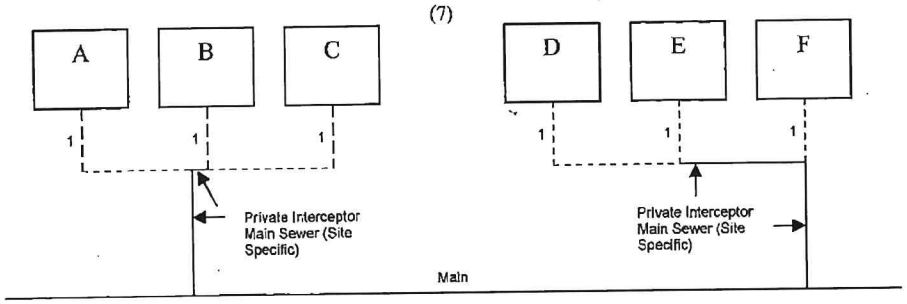
(6)



Request Interior and Exterior Approval
Web - 2 Identical Building Specific Plumbing Components
1 Non-Identical Building Specific Plumbing Component
1 Site Specific Plumbing Component

This Form - Page 2 to be done 2 times Page 3 to be done 1 time

(7)



Web - 6 Identical Building Specific Plumbing Components
2 Site Specific Plumbing Components

This Form - Page 2 to be done once, Page 3 to be done once.

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