



STATE OF WISCONSIN
Department of Safety and Professional Services

SPS Fiscal Plans
PO Box 8602
Madison WI
53708-8602

Governor Scott Walker Secretary Dave Ross

Customers of Safety & Buildings,

For the safety and security of our customers and to improve efficiencies in our offices, we have made a change in our plan submittal process related to fee payments made by check. The process has not changed if you pay by invoice.

Effective April 1, 2012, the process for submitting plans and payments to Safety & Building for Plan Review services is as follows:

- 1. Plans will be submitted to one of the state offices providing this service as usual.**
- 2. Mail your check and the completed payment voucher (the last page of the application form) to:**
DSPS Fiscal Plans
PO Box 8602
Madison WI 53708-8602
- 3. Send a copy of the completed payment voucher (the last page of the application form) along with your plan submittal documents to the office that you select.**

For plans that may be in the mail at this time with check payment attached, we will process as usual. We ask that you incorporate the new process with your next submittal.

We appreciate your business and thank you for your assistance in implementation of the new process.

If you have any questions about this new process, please contact the plan entry staff in any of the Safety & Buildings offices.



Application for Review

-Complete all pages-

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

Public Swimming Pools

Safety and Buildings Division

Safety and Buildings Division

201 W Washington Ave (53703)

PO Box 7162

Madison, WI 53707-7162

Phone: 608-266-3151
 Fax: 877-840-9172
 TTY: Contact Through Relay
 Email: dspsplanschedule@wi.gov

This page may be utilized for fax appointments

Complete and indicate date plans will be in our office _____

<p>1. Total Number of Recirculation Systems in this submittal _____ Complete all information on Page 2 for each Recirculation System. Use additional pages if necessary.</p> <p>If your submittal includes a slide(s), Check all that apply</p> <p>Functional Review(s)</p> <p><input type="checkbox"/> The slide(s) in this submittal are served by a new pool / recirculation system. By completing information on Page 2, no other information is required for these slide</p> <p><input type="checkbox"/> The slide(s) in this submittal are for a runout, water, pool or drop slide over 4' in height and are served by an existing pool/recirculation system (# of slides _____) Complete all information in item 7, Page 3.</p> <p>Structural Review</p> <p><input type="checkbox"/> This submittal is for a Structural Review of runout, water, pool or drop slide(s) over 6' in height that requires a separate review and application form with 4 separate plan sets. This submittal is independent of the water attraction/pool review and will be scheduled in Madison or Waukesha.</p>	<p>2. Check all that apply</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Revision* (to previously app'd plan—before final insp)</p> <p><input type="checkbox"/> Virginia Graeme Baker modification only – plans may be faxed in – see S&B pool website.</p> <p><input type="checkbox"/> Modification*</p> <p><input type="checkbox"/> No Open Swim or Lessons Permitted</p> <p><input type="checkbox"/> Open Swim or Lessons Permitted</p> <p>* Indicate what was revised or modified on the plan.</p>	<p>Complete for confirmed appointments:</p> <p>Transaction ID: _____</p> <p>Previous Related Trans. ID: _____</p> <p>Review Start Date*: _____</p> <p>Assigned Reviewer: _____</p> <p>Assigned Office: _____</p> <p>*Plans must be received in the office of the appointment no later than <u>2 working days before the confirmed appointment</u></p> <p>Per SPS 390.04 minimum 4, maximum 5 properly signed plans must be submitted along with all required information as outlined in 390.04 (4). For plan status checks, see our website at http://www.dsps.wi.gov/SB/SB-DivReviewStatusSearch.html.</p>
<p>3a. Project Information – Fill in all known information</p> <p>Project/Site Name _____</p> <p>Number & Street _____</p> <p>Legal Description _____</p> <p>County _____ City () Village () Town () _____</p>		
<p>3b. Tenant Name or Building Designation : Example: West Mall/Jim's Shoes, Bldg #1</p> <p>_____</p> <p>Tenant or Building Address _____ Zip Code _____</p>		
<p>4. After plans are reviewed, please: (check all that apply)</p> <p><input type="checkbox"/> Notify customer 1, 2, 3 (circle one)* <input type="checkbox"/> Mail plans to customer 1, 2, 3 (circle one)*</p> <p><input type="checkbox"/> Hold plans for pickup *Refers to customer number from below</p>		

5. Complete the following designer/owner information. When completing customer 1, indicate if designer is the supervising professional per SPS 390.04 (5).

<p>Designer Information-Individual Who Stamped Plans (Customer 1)</p> <p>First Name _____ Last Name _____ Commerce Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip + 4 (9 digits) _____</p> <p>(Area Code) Phone Number _____ Fax Number _____ email address _____</p> <p><input type="checkbox"/> Check if Designer is Supervising Professional – See Page 3 for signature</p>	<p>Other/Contact Person (Customer 3)</p> <p>First Name _____ Last Name _____ Commerce Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip + 4 (9 digits) _____</p> <p>(Area Code) Phone Number _____ Fax Number _____ email address _____</p>
<p>Owner Information (Customer 2)</p> <p>First Name _____ Last Name _____ Commerce Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip + 4 (9 digits) _____</p> <p>(Area Code) Phone Number _____ Fax Number _____ email address _____</p>	<p>Make checks payable to the Safety & Buildings Division – Mail check and payment voucher to – DSPS Fiscal Plans, PO Box 8602, Madison WI 53708-8602</p> <p style="text-align: right;">Total Amount Due \$ _____</p> <p style="text-align: right;">Revenue Code 7650</p>

6. The Following Must Be Completed For Each Recirculation System Indicated in Section 1 of Page 1.

Recirculation System # _____

Swimming Pool

- Swimming, skimmer
- Swimming, gutter
- Diving, skimmer
- Diving, gutter
- Combination (swimming/diving), skimmer
- Combination (swimming/diving), gutter

- Wading, skimmer
- Wading, gutter

Water Attraction

- Activity
- Vortex
- Leisure River
- Pad Walk
- Plunge Area
- Runout Slides
- Splash Pad
- Vanishing Edge
- Wave
- Zero Depth

Whirlpool
 Therapy Pool

- Alternate**
- New Modification
- Experimental**
- New Modification

CALCULATIONS

Pool Surface Area	sq. ft.	Perimeter	ft.	Pool Patron Load	
Volume	cu. ft.	Volume	gals.		
Turnover Time	hrs.	Recirculation Rate	gpm.		
Recirculation Pump: Make <small>(List additional jet or feature pump specifications on plan)</small>		Model	gpm. at	ft. TDH	Max. gpm.
Filter: Make		Model	Type		
Number of		Surface Area per Filter in sq. ft.		<input type="checkbox"/> NSF Approved	
Disinfectant Feeder: Make		Model	<input type="checkbox"/> NSF Approved	Type of Disinfectant	
Overflow System: <input type="checkbox"/> Gutter type:		Surge Tank volume in gallons			
<input type="checkbox"/> Skimmer type:		Make	Model	Number of	
Inlets: Make		Model	<input type="checkbox"/> Directional	<input type="checkbox"/> Adjustable	<input type="checkbox"/> Wall <input type="checkbox"/> Floor
Number of		Orifice Diameter			
Main Drains: Make		Model	Number of	Open Area per Drain in sq. in.	

Recirculation System # _____

Swimming Pool

- Swimming, skimmer
- Swimming, gutter
- Diving, skimmer
- Diving, gutter
- Combination (swimming/diving), skimmer
- Combination (swimming/diving), gutter

- Wading, skimmer
- Wading, gutter

Water Attraction

- Activity
- Vortex
- Leisure River
- Pad Walk
- Plunge Area
- Runout Slides
- Splash Pad
- Vanishing Edge
- Wave
- Zero Depth

Whirlpool
 Therapy Pool

- Alternate**
- New Modification
- Experimental**
- New Modification

CALCULATIONS

Pool Surface Area	sq. ft.	Perimeter	ft.	Pool Patron Load	
Volume	cu. ft.	Volume	gals.		
Turnover Time	hrs.	Recirculation Rate	gpm.		
Recirculation Pump: Make <small>(List additional jet or feature pump specifications on plan)</small>		Model	gpm. at	ft. TDH	Max. gpm.
Filter: Make		Model	Type		
Number of		Surface Area per Filter in sq. ft.		<input type="checkbox"/> NSF Approved	
Disinfectant Feeder: Make		Model	<input type="checkbox"/> NSF Approved	Type of Disinfectant	
Overflow System: <input type="checkbox"/> Gutter type:		Surge Tank volume in gallons			
<input type="checkbox"/> Skimmer type:		Make	Model	Number of	
Inlets: Make		Model	<input type="checkbox"/> Directional	<input type="checkbox"/> Adjustable	<input type="checkbox"/> Wall <input type="checkbox"/> Floor
Number of		Orifice Diameter			
Main Drains: Make		Model	Number of	Open Area per Drain in sq. in.	

7. Complete this area if submitting a slide(s) using an existing pool/recirculation system. Include minimum 4, maximum 5 properly-signed plans for each pool/recirculation system showing all pertinent information including the slide and associated piping and pool.

Type of slide: runout slide water slide pool slide drop slide

Pool Surface Area	sq. ft.	Perimeter	ft.	Surge Tank Water Volume in Gallons
Volume	cu. ft.	Volume	gals.	
Turnover Time	hrs.	Recirculation Rate	gpm.	

Type of slide: runout slide water slide pool slide drop slide

Pool Surface Area	sq. ft.	Perimeter	ft.	Surge Tank Water Volume in Gallons
Volume	cu. ft.	Volume	gals.	
Turnover Time	hrs.	Recirculation Rate	gpm.	

(Attach additional sheets if submitting more than 2 slides).

8. Number of Dressing, Shower, and Toilet Facilities

Female:	Toilets	Lavatories	Showers	
Male:	Toilets	Lavatories	Showers	Urinals
Unisex / Family:	Toilets	Lavatories	Showers	

Submittal Type and Required Fees:

Fee Computation

Item Description - Indicate which pool/slide you are requesting review of and have submitted calculations for in Sections 6 and 7.	Project in State Inspection Area	Project in Agent City Inspection Area (see below)*	Required Fee
Virginia Graeme Baker Act (VGBA) modification for existing pools only	\$350.00	\$200.00	
Public Swimming Pool, gutter type	\$1800.00	\$1200.00	
Public Swimming Pool, skimmer type	\$1500.00	\$900.00	
Water Attractions (including Interactive Play Attractions)	\$1800.00	\$1200.00	
Public Whirlpool	\$1500.00	\$900.00	
Modification to existing public swimming pool, water attraction, or public whirlpool	\$1000.00	\$400.00	
Revision to previously approved public swimming pool, water attraction or public whirlpool plan prior to final inspection	\$240.00	\$240.00	
Pool, Drop or Water Slide Functional Requirements Submitted with the Pool or Water Attraction plan	\$0.00	\$0.00	
Pool, Drop or Water Slide Functional Requirements Submitted Separately	\$540.00 (Per Application Submittal)	\$540.00 (Per Application Submittal)	
Slide-Structural Review of Pool, Drop or Water Slides Over 6' in Height	\$600.00	\$600.00	
Revision/Modification to Pool, Drop or Water Slide (functional or structural)	\$240.00 Revision \$240.00 Modification	\$240.00 Revision \$240.00 Modification	
Alternate or experimental design	\$2100.00	\$1500.00	
Modification to alternate or experimental design	\$1350.00	\$750.00	
Revision to previously approved alternate or experimental design prior to final inspection	\$300.00	\$300.00	

➔ You must use Form SBD-9890 for Petition for Variances

Enter total here and at bottom of page 1 _____

(Fee computation doubled for installations started without plan approval)

*Agents/Authorized Representatives for Pool Inspection (Submitter will be billed separately for inspection services).

– Cities of: Madison and Milwaukee

9. Supervising Professional (construction contractor, architect or engineer) Must Sign Below When Plans Are Sent in for Review

Signature	Supervising Professional License Number	Date
Print Name		

If contact information is not shown on Page 1, Supervising Professional must complete the following:

Address	(Area Code) Phone Number	E-mail Address
	(Area Code) Fax Number	
City	State	Zip + 4



Payment Voucher

If you are requesting to be invoiced for your plan review, DO NOT use this voucher form.

Transaction ID: _____
(Leave blank if this review has not been pre-scheduled)

Check # _____ Dollar Amount: _____

Payer Name _____
(Individual or Company name as printed on first line of check)

Payer Address _____
(As printed on check)

Payer City _____ State _____ Zip Code _____

Phone _____

Plan Submitter Name _____
(If different from Payer)

1. Mail your check (payable to Safety & Buildings Division) and this completed form to:

DSPS Fiscal Plans
PO Box 8602
Madison WI 53708-8602

2. Send a copy of this completed payment voucher form along with your plan submittal documents to the office that you select below.

Plans submitted to: (circle or check one of the offices)

Madison Hayward LaCrosse/Holmen Green Bay Waukesha

Madison S&B
201 W Washington Ave
3rd Floor 53703
PO Box 7162
Madison WI
53707-7162

Hayward S&B
10541N Ranch Rd
Hayward WI 54843

**LaCrosse/Holmen
S&B**
3824 N Creekside La
Holmen WI 54636

Green Bay S&B
2331 San Luis Pl
Green Bay, WI
54304

Waukesha S&B
141 NW Barstow St
4th Floor
Waukesha WI
53188-3789