|  |  |  |
| --- | --- | --- |
|  | Wisconsin Department of Safety and Professional Services**Application for General Plumbing Plan Review and** **Cross Connection Assembly Registration – SBD-6154**Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.] | All plan reviews must be submitted through the Department’s Electronic Safety and Licensing Application (eSLA) system |

|  |
| --- |
| **1.** **PLAN REVIEW TYPE**[ ]  New[ ]  Addition/Alteration[ ]  Permission to Start (Sections 5 and 15)[ ]  Permission to Start[ ]  Revision to Previously Approved Plan Where Construction Has Not Been Completed (Section 15) |

|  |  |  |
| --- | --- | --- |
| **2. PROJECT TYPE**

|  |  |
| --- | --- |
| **Site Specific**:[ ]  Sanitary Sewer; (Section 13)[ ]  Private Interceptor Main Sanitary Sewer; (Section 13)[ ]  Water Service; (Section 13)[ ]  Private Water Main; (Section 13)[ ]  Storm Sewer\*; (Section 13)[ ]  Storm Detention\*; (Section 13)[ ]  Storm Infiltration**\***; (Section 13)[ ]  Storm Inlets\* (Section 13). | **Building Specific**[ ]  Interior Sanitary DWV; (Section 7)[ ]  Interior Water Distribution; (Section 8)[ ]  Interceptors; (Section 9)[ ]  CCC; (Section 10)[ ]  Water Treatment; (Section 11)**Other**[ ]  Campground; (Section 14)[ ]  Manufactured Home Park; (Section 14) |

 |

|  |
| --- |
| **3. PROJECT INFORMATION** Project/Site Name:      Address (Number and Street):      County:       Municipality:       |

|  |
| --- |
| **4. CUSTOMER INFORMATION** |
| **Designer (Individual that stamped the plan) – Customer 1**Customer ID:      Last Name:      First Name:      Company Name:      Street Address:      City:      Zip:      Phone Number:      Email Address:       | **Building Owner – Customer 2** Customer ID:      Last Name:      First Name:      Company Name:      Street Address:      City:      Zip:      Phone Number:      Email Address:       |
| **Contact Person or Other (Please Specify) – Customer 3** Relationship to Project:      Customer ID:      Last Name:      First Name:      Company Name:      Street Address:      City:      Zip:      Phone Number:      Email Address:       |  |

|  |
| --- |
| **5. OPTIONAL PERMISSION TO START -** The request for an early Permission to Start is optional and an additional fee will be appliedAs the building owner, I request to begin plumbing installations prior to plan review approval I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction and make revisions to plans on any changes. I will not permit any installation to exceed 18 inches above the unexcavated floor.Request is for the following specific plumbing installations:*[ ]*  Sanitary Sewer*[ ]*  Private interceptor main sewer(s)*[ ]*  Storm Sewer*[ ]*  Water service*[ ]*  Private water main*[ ]*  Interior building drain*[ ]*  Interior water service*[ ]*  Interior water distributionBuilding Owner’s Signature: Date:       |

|  |
| --- |
| **6. BUILDING SPECIFIC INFORMATION** |
| Total number of interior fixtures, including roof drains and hose bibs being submitted for this building:      [ ]  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 |
| Total number of identical buildings being submitted on the same site:      Indicate identical 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      |
|  |  |  |
|  |  |  |

 |

**FEE COMPUTATIONS.** Fees are doubled for installation without approval. Follow instructions below to check appropriate boxes and enter corresponding fees. Calculate the fees separately for each building.

|  |
| --- |
| **7. BUILDING SPECIFIC SANITARY –** Select ONE of the following options and enter the corresponding diameter or drainage fixture units (DFU) and enter fee |
| a. [ ]  Interior Sanitary Drain and Vent System and Exterior Sanitary Building Sewer | Diameter of sanitary building sewer(s) in inches       x $50 | $      |
| b. [ ]  Interior Sanitary Drain and Vent system only | Diameter of sanitary building sewer, in inches, required to serve the building.       x $50 | $      |
| c. [ ]  Interior Sanitary Drain and Vent system within an addition or remodeled building |       DFU’s new, added or relocatedSee fee Table 1 in section 18 to convert DFU to a fee | $      |
| d. [ ]  Multiple exterior Sanitary Building Sewers serving the single building, and the interior Sanitary Drain and Vent system |       DFU’s new, added or relocatedSee fee Table 1 in section 18 to convert DFU to a fee | $      |
| e. [ ]  Interior Sanitary Drain and Vent System with multiple building drains exiting the building. No exterior sanitary sewers |       DFU’s new, added or relocatedSee fee Table 1 in section 18 to convert DFU to a fee | $      |
| **Sanitary Fee Subtotal** | $      |

|  |
| --- |
| **8. BUILDING SPECIFIC WATER –** Select ONE of the following options and enter the corresponding diameter or gallons per minute (GPM) and enter fee |
| a. [ ]  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 | $      |
| b. [ ]  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 | $      |
| c. [ ]  Interior Water Distribution system within an addition or remodeled building, no exterior Water Service |       GPM added or relocatedSee fee Table 2 in section 18 to convert GPM to a fee | $      |
| d. [ ]  Multiple exterior Water Services serving the single building, and the interior Water Distribution system |       GPMSee fee Table 2 in section 18 to convert GPM to a fee | $      |
| e. [ ]  Interior Water Distribution system with multiple services exiting the building, no exterior Water Services. |       GPMSee fee Table 2 in section 18 to convert GPM to a fee | $      |
| **Water Fee Subtotal** | $      |
| **9. INTERCEPTORS**  \*No additional fee if submitted with Sanitary Drain and Vent |
|       Grease Interceptor(s) | \*Number of Grease Interceptors       x $85 | $      |
|       Garage Catch Basin(s) | \*Number of Garage Catch Basins       x $85 | $      |
|       Oil Interceptor(s) | \*Number of Oil Interceptors       x $85 | $      |
|       Car Wash Interceptor(s) | \*Number of Car Wash Interceptors       x $85 | $      |
|       Sanitary Dump Station(s) | \*Number of Sanitary Dump Stations       x $85 | $      |
|       Mixed Wastewater Holding Device(s) | \*Number of Mixed Wastewater Holding Devices       x $85 | $      |
|       Chemical System(s) (No Eyewash or emergency showers) | \*Number of Chemical Systems       x $85 | $      |
| **Interceptor Fee Subtotal** | $      |

|  |
| --- |
| **10. CROSS CONNECTION CONTROL –** List specific cross connection control devices in Section 16 |
|       Cross Connection Control Assemblies in Health Care and Related Facilities. | Number of Cross Connection Control Assemblies       x $170 | $      |
|       Cross Connection Control Assemblies in Non-Health Care and Non-Health Care-Related Facilities. | Number of Cross Connection Control Assemblies       x $30 | $      |
| **Cross Connection Control Fee Subtotal** | $      |

|  |
| --- |
| **11. SPECIFIC WATER TREATMENT**  |
|       Water treatment device addressing regulated contaminants\*      Water Treatment System for compliance to 382.70\*      Water Reuse System  [ ]  Graywater/ Blackwater/Stormwater [ ]  Subsurface/surface Irrigation | 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. | $      |
| \*SPS 302.04(2) An assessment fee for an inspection to be charged at a rate of $80 per hour. | $      |
| **Specific Water Treatment Fee Subtotal** | $      |

|  |
| --- |
| **12. SITE SPECIFIC INFORMATION –** Check and complete diameter information if included with this submittal. |
| **Site Specific Sanitary** |
| [ ]  Exterior Sanitary Building Sewer(s) only | Diameter of sanitary building sewer(s) in inches       x $30 | $      |
| [ ]  Submittal of Sanitary Private Interceptor Main SewerIndicate the number of independent connections to the municipal sewer or POWTS       | Sum of largest PIMS diameters in inches       x $30/inchCompute for each independent system and total) | $      |
| **Site Specific Water** |
| [ ]  Private Water MainIndicate 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) | $      |
| [ ]  Exterior Water Service(s), no interior Water Distribution system | Diameter of exterior water service in inches       x $30 | $      |
| **Site Specific Storm** Total number of exterior fixtures such as storm drain inlets submitted with this application:       |
| **Check all that apply:**[ ]  Interior storm drain system without a clearwater drain system[ ]  Interior storm drain system with a clearwater drain system (If submitting interior storm only, use the roof area to determine drainage area for fees.)[ ]  Storm Building Sewer[ ]  Storm Private Interceptor Main Sewer[ ]  Storm Detention[ ]  Subsurface Infiltration (Bioinfiltration)Storm water and/or clear water for Public Building submitted with or without a storm piping systemStorm systems that include infiltration require a separate plan submittal: Storm system Infiltration Volume (gal)       | Drainage area served by the storm plumbing system is:(check one and enter corresponding information) |  |
| 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 | $      |
| b. [ ]  Less than or equal to 1-acre drainage to the plumbing system with multiple discharge points.      Total GPM discharge. See Table 3 in Section 18 to convert GPM to fee0 | $      |
| c. [ ]  Greater than 1-acre drainage to the plumbing system.Acres:       See Table 4 in Section 18 to convert acres to a fee.NOTE: Maintenance plan submittal required. | $      |
| [ ]  Clearwater drain system without an interior storm drain system | $15/inch diameter of each Clearwater drain system inches       x $15/inch | $      |
| **Site Specific Fee Subtotal** | $      |

|  |
| --- |
| **13. Mobile/Manufactured Home Community and/or Campground/Recreational Vehicle Park**  |
| **No. of Sites** | **Required Fee** | **No. of Sites** | **Required Fee** |  |
| [ ]  1 – 25 Sites | $300 | [ ]  51 – 125 Sites | $400 | $      |
| [ ]  26 – 50 Sites | $350 | [ ]  More than 125 Sites | $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 (For restrooms see Sections 7 and 8) |

|  |
| --- |
| **14. OTHER FEES**  |
| a. [ ]  Permission to Start | SPS 302.04(2) A fee for Permission to Start be charged at a rate of $80 per hour (Minimum $80.00) | $      |
| b. [ ]  Plan Approval Extension (1-year maximum) | $120 | $      |
| c. [ ]  Revision to previously approved plans (List Application Number(s) from the approval letter that are being revised)                              | $85 | $      |
| d. [ ]  Experimental Plumbing System | Number of Experimental Plumbing Systems       x $1,000 | $      |
| e. [ ]  Alternate Plumbing System | Number of Alternate Plumbing Systems       x $800 | $      |
| **Other Fee Subtotal** | $      |

|  |
| --- |
| **15. PLAN SUBMITTAL REQUIREMENTS** – Plans received without sufficient information to review will cause delays and may be denied. |

Provide two sets of plans and specifications in accordance with Wis. Admin. Code § SPS 382.20.

Plans and specifications shall include detailed information on types of materials and fixtures (minimum of five).

Plans shall be legible, pertinent to the plumbing installation, and include the following:

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, water distribution, interior and exterior storm systems. Indicate water supply, drainage fixture units, and storm area drainage with gpm loads with 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. See storm checklist at: https://dsps.wi.gov/Documents/Programs/Plumbing/SBD10884.pdf
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. List fixture and plumbing appliance manufacturers, and model numbers.
13. Cut sheets or shop drawings of all fixtures and health care appliances located within a health care facility
14. Fixtures which require water or waste connections may need product approval.
15. Complete sizing calculations for all grease interceptors.

**NOTE -** State plan review and approval are separate from local permits. Always check with the local municipality and county for their requirements. Per Wis. Admin. Code § SPS 382.20(6), one set of approved plans shall be kept at the construction site.

|  |
| --- |
| **16. CROSS CONNECTION CONTROL (CCC) ASSEMBLY INFORMATION**  |
| Registering non-health care CCC Assemblies and reporting test results can be done online for a reduced fee at [esla.wi.gov](https://esla.wi.gov/PortalCommunityLogin). All health care and health care related assemblies shown on the plan must be submitted for plan review with this submittal via eSLA. If the health care or related health care assembly is already registered prior to review of the plans and the end point use has not change, indicate the Application number below. |
| [ ]  Check if serving health care and/or related facilities Water Supply Source: [ ]  Municipal Water System [ ]  Other than Municipal |
| **Assembly Type\*** | **Size** | **Mfg.** | **Model No.** | **Specific Location of Assembly** | **Assembly is Serving:** |
| **EXAMPLE**: | RP | 3/4 | ACME | 002MQT | Rm 219, no wall | Boiler |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| PVB (Pressure vacuum breaker) RP (Reduced pressure principle backflow preventer)RPD (Reduced pressure detector fire protection backflow preventer assembly)SVB (Spill resistant vacuum breaker) |
| 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. |

|  |
| --- |
| **17. ADDITIONAL INFORMATION**  |

**Delegated Municipalities**

If your project is within a municipality that has been delegated by the Department to perform plumbing plan reviews, you must submit your plan review to the agent municipality. Some municipalities have also been delegated to perform plan reviews for infiltration systems. The current list of delegated municipalities can be found here: <https://dsps.wi.gov/Documents/Programs/Plumbing/AgentMunicipalities.pdf>

**Additional Fees**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 1**

|  |
| --- |
| **Drainage Fixture Unit (DFU) FEE TABLE** |
| **DFU** | **Pipe Diameter** | **Fee**  |
| 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  |

**Table2**

|  |
| --- |
| **WATER DISTRIBUTION FEE TABLE** |
| **GPM** | **Fee** |
| 1 to 6 | $25. |
| 7 to 12 | $35. |
| 13 TO 21 | $50. |
| 22 TO 31 | $60 |
| 32 TO 46 | $75. |
| 47 TO 77 | $100 |
| 78 TO 119 | $125. |
| 120 to 170 | $150. |
| 171 to 298 | $175 |

 | **Table 3**

|  |
| --- |
| **Storm Gallons per Minute (GPM) FEE TABLES** |
| **GPM** | **Pipe Dia.** | **Fee**  |
| 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 |

 |

**Questions**

Technical plumbing questions can be sent to DSPSSBPlbgTech@wisconsin.gov

General questions on submitting your plan review or using eSLA can be sent to eSLAsupport@wisconsin.gov.