



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.

5. BUILDING SPECIFIC INFORMATION

New Addition/Alteration Revision to Previously Approved plan where approved construction has not been completed Sovent/Provent must be submitted to the Green Bay office 13D Multi Purpose Piping & siphonic roof drain systems must be submitted to the Madison office. 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)

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. <input type="checkbox"/> Interior Sanitary Drain and Vent System and Exterior Sanitary Building Sewer	Diameter of sanitary building sewer(s) in inches. ____ x \$50.00	
2. <input type="checkbox"/> Interior Sanitary Drain and Vent system only	Diameter of sanitary building sewer, in inches, required to serve the building. ____ x \$50	
3. <input type="checkbox"/> Exterior Sanitary Building Sewer(s) only	Diameter of sanitary building sewer(s) in inches. ____ x \$30.00	
4. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Interior Sanitary Drain and Vent System with multiple building drains exiting the building, no exterior sanitary building 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Exterior Water Service(s), no interior Water Distribution system	Diameter of exterior water service in inches.. ____ x \$30	
4. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.

<input type="checkbox"/> Grease Interceptor	Number of Grease Interceptors... ____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Garage Catch Basin	Number of Garage Catch Basins... ____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Oil Interceptor	Number of Oil Interceptors... ____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Car Wash Interceptor	Number of Car Wash Interceptors... ____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Sanitary Dump Station	Number of Sanitary Dump Stations... ____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Mixed Wastewater Holding Device	Number of Mixed Wastewater Holding Devices... ____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Chemical System (Not Eyewash or emergency showers)	Number of Chemical Systems... ____ x \$85.00, no additional fee is submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Cross Connection Control Assemblies in Health Care and Related Facilities to be reviewed (List on Page 5)	Number of Cross Connection Control Assemblies... ____ x \$170	
<input type="checkbox"/> Request to Register Cross Connection Control Assemblies in Non-Health Care and Related Facilities (List on Page 5)	Number of Cross Connection Control Assemblies... ____ x \$30	
<input type="checkbox"/> Water treatment device addressing regulated contaminants (submit to Madison only)	\$160.00 minimum for each reuse treatment system. (NOTE: Additional fees will be charged at \$80/hr if review time exceeds 2 hours.)	
<input type="checkbox"/> Water Reuse System - Graywater/Blackwater/Stormwater (submit to Green Bay)	<input type="checkbox"/> Water Reuse System – Subsurface/Infiltration(submit to Green Bay only)	

Page Fee Subtotal _____

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

9. SITE SPECIFIC INFORMATION:				
Check and complete diameter information if included in this submittal		Fee Computations (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 Green Bay or Hayward				
Indicate total number of exterior fixtures such as storm drain inlets submitted with this application _____ Check all that apply: <input type="checkbox"/> 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.) <input type="checkbox"/> Interior storm drain system without a clearwater drain system (If submitting interior storm only, use the roof area to determine the drainage area for fees.) <input type="checkbox"/> Storm Building Sewer <input type="checkbox"/> Storm Private Interceptor Main Sewer		Drainage area served by the storm plumbing system is: (Check one and enter corresponding information) A. <input type="checkbox"/> 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. <input type="checkbox"/> 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 a fee C. <input type="checkbox"/> 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		
<input type="checkbox"/> 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 Green Bay or Hayward offices for plans with infiltration and other plumbing systems.		<input type="checkbox"/> If this submittal is infiltration WITH storm, indicate \$200.00 in the fee column. <input type="checkbox"/> 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 \$200.00 and enter the total fee in the fee column.		
<input type="checkbox"/> Clearwater drain system without an interior storm drain system		\$15.00/inch diameter of each clearwater drain system Inches _____ X \$15/inch		
SANITARY				
<input type="checkbox"/> Submittal of Sanitary Private Interceptor Main Sewer Indicate 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				
<input type="checkbox"/> 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	
<input type="checkbox"/> 1-25 Sites	\$300.00	<input type="checkbox"/> 51-125 Sites	\$400.00	
<input type="checkbox"/> 26-50 Sites	\$350.00	<input type="checkbox"/> Greater than 125	\$500.00	
Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park submittal includes:				
<input type="checkbox"/> Sanitary Dump Station		<input type="checkbox"/> Exterior Water Service		
<input type="checkbox"/> Exterior Sanitary Sewer		<input type="checkbox"/> Private Water Main		
<input type="checkbox"/> Sanitary Private Interceptor Main Sewer				
11. OTHER FEES				
<input type="checkbox"/> Plan Approval Extension (1 year maximum)		\$120.00		
<input type="checkbox"/> Revision to previously approved plans (List Regulated Object Number(s) from the approval letter that are being revised)		\$85.00 Required – NOTE: Must be scheduled with office that previously reviewed the plans		
<input type="checkbox"/> Experimental Plumbing System (Submit to Madison Office)		Number of Experimental Plumbing Systems... _____ x \$1,000.00		
<input type="checkbox"/> Alternate Plumbing System (Submit to Madison Office)		Number of Alternate Plumbing Systems... _____ x \$800.00		
Subtotal From Page 2 (include subtotals from additional Page 2s if used)				
Enter Total Fee Here and at Bottom of First Page				



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

TheHolmen office is currently
not available for plumbing
appointments. Watch the web
site for updates.

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 Madison Oshkosh
 Eau Claire Milwaukee West Bend*

NOTE: Plans must be submitted to agent, unless waived by them.

*EXCEPTION: A project in West Bend may be submitted to the state or to West Bend

Some agents are delegated to perform plan review for infiltration systems. See <http://dsps.wi.gov/sb/SB-PlumbingAgentMunis.html> for current list.

<p>Madison S&B 201 W Washington Ave 53703 PO Box 7162 Madison WI 53707-7162</p> <p>608-266-3151 TTY: Contact Through Relay</p> <p>Fax: (for sending questions or additional info to reviewers) 608-267-9566</p>	<p>Hayward S&B 10541N Ranch Rd Hayward WI 54843</p> <p>715-634-4870</p> <p>Fax: (for sending questions or additional info to reviewers) 715-634-5150</p>	<p>Holmen S&B 3824 Creekside La Holmen WI 54636</p> <p>608-785-9334</p> <p>Fax: (for sending questions or additional info to reviewers) 608-785-9330</p> <p>The Holmen office is currently not available for plumbing appointments. Watch the web site for updates.</p>	<p>Green Bay S&B 2331 San Luis Place Green Bay, WI 54304</p> <p>920-492-5601</p> <p>FAX: (for sending questions or additional info to reviewers) 920-492-5604</p>	<p>Waukesha S&B 141 NW Barstow St 4th Floor Waukesha WI 53188-3789</p> <p>262-548-8600</p> <p>Fax: 262-548-8614</p>
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Do Not Submit This Page as Part of Schedule

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/sb/SB-PlumbingCccaTestsRegists.html>. 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. 15. Other Potential Plan Submittals Required For A Project?

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:

- Plot plan showing size and pitch of sanitary and/or storm sewer and water.
- Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
- 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.
- Complete water calculations in accord with SPS 382.40 (7).
- Complete storm drain sizing calculations in accordance with SPS 382.36 (5).
- Remodeling or additions shall include existing loads.
- Water Quality Management Letter if required by SPS 382.20 (4) (b).
- 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.
- For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
- All plans must be properly signed per SPS 382.20 (4)(c). Plans involving more than one sheet must be **BOUND** into sets.
- For water re-use submittals include information requested in the product approval.
- Complete sizing calculations for all grease interceptors.

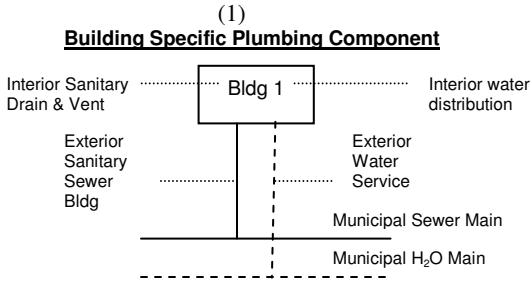
- Petition for Variance – Submit form SBD-9890-X
- Private sewage systems under SPS 381-385
- Buildings under SPS 361-366
- Elevators or Escalators under SPS 318
- Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter SPS 390
- Tank storage of 5,000 gallons or more 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/sb/SB-DivForms.html>

Contact the Safety and Buildings Division for individual submittal requirements for all of the above.

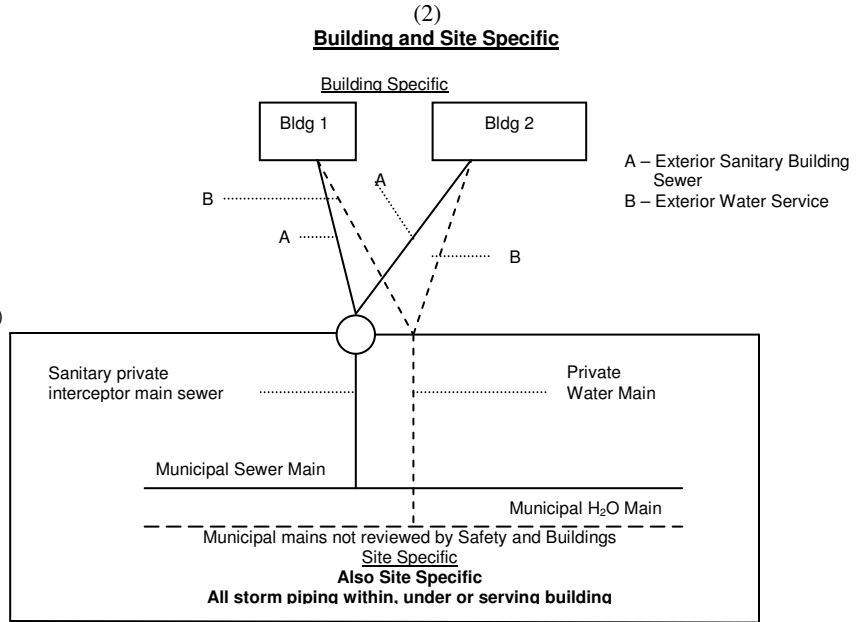
For licensing of hotels, motels, restaurants, pools, campgrounds, and bed and breakfast establishments contact the DHS, Wisconsin Environmental Sanitation Section, 608-266-2835.

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

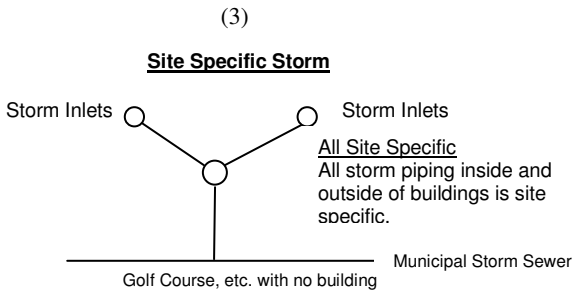
**TYPICAL EXAMPLES OF BUILDING SPECIFIC/SITE SPECIFIC
INDICATED TASKS ARE FOR COMPLETING FORM PAGES AND WEB SCHEDULING**



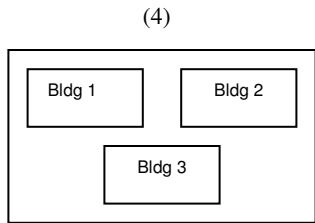
All are building specific (municipal mains not reviewed by Safety and Buildings)
Web - 1 Building Specific Plumbing Component
This Form - Page 2 to be done 1 time



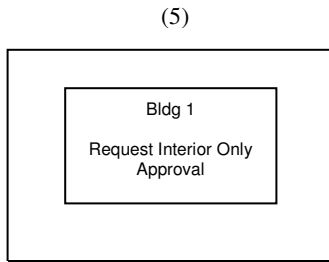
Web - 2 Building Specific Plumbing Components
1 Site Specific Plumbing Component
This Form - Page 2 to be done 2 times Page 3 to be done 1 time



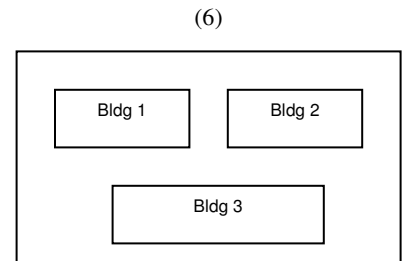
Web - 0 Building Specific Plumbing Component
1 Site Specific Plumbing Component
This Form - Page 3 to be done 1 time. Also, if cross connection assemblies, complete pages 2 and 5.



Request Interior and Exterior Approval
Web - 3 Identical Building Plumbing Components
1 Site Specific Plumbing Component

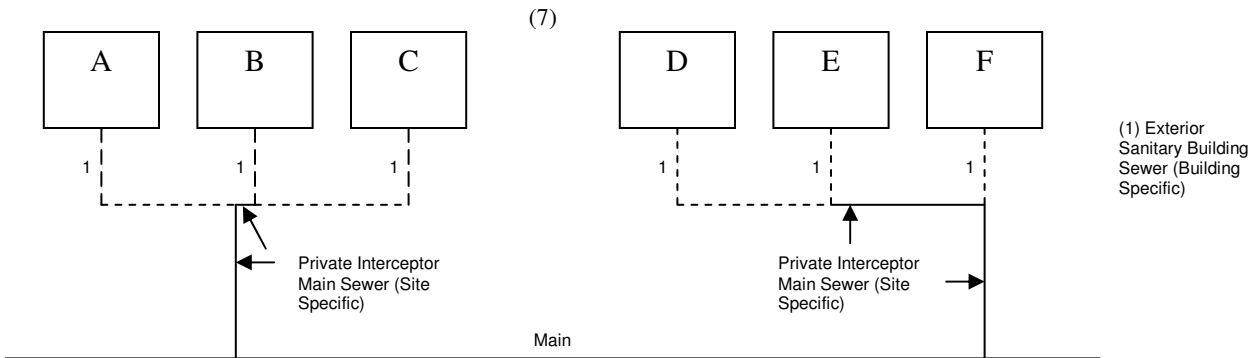


Web - 1 Building Specific Plumbing Component
0 Site Specific Plumbing Component
This Form - Page 2 to be done 1 time



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

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



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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