



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.



Department of
Safety and
Professional
Services

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.]

Private Onsite
Wastewater Treatment
Systems
Safety and Buildings Division

For plan status, check our website at <http://www.dsps.wi.gov/SB/SB-DivReviewStatusSearch.html>

Several counties have been delegated certain authority to review plans in lieu of DSPS. For a current list of those counties and their delegation check our website at <http://www.dsps.wi.gov/SB/SB-PowtsProgram.html>.

1. Project Information - Fill in all known information.

Project/Site Name _____
 Location, Number & Street of project (if unknown, indicated nearest road)

 Legal Description: _____
 County _____ () City () Village () Town of _____

Confirmation of assignment to a reviewer.

Transaction ID: _____

Previous Related Trans. ID: _____

Estimated Completion Date: _____

Assigned Reviewer: _____

Assigned Office: _____

**Send to office of choice (addresses below):
Hayward, LaCrosse, Waukesha**

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

- Call customer 1, 2 (circle number)*
 - Requesting party will pick up
 - Mail plans to customer 1, 2 (circle number)*
- *Refers to customer number from below

NOTE: S&B reserves the right to re-distribute plans among offices to balance plan review work loads. See <http://dsps.wi.gov/SB/SB-DivDailyDoc.html#Next> for office availability and next review date

3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information.

Designer Information (Customer 1)			Other Please Specify Below (Customer 2)		
First Name	Last Name	DSPS Customer Number	First Name	Last Name	DSPS Customer Number
_____	_____	_____	_____	_____	_____
Company Name _____			Company Name _____		
Address _____			Address _____		
City _____	State _____	Zip+4 (9digits) _____	City _____	State _____	Zip+4 (9digits) _____
Phone Number (area code) _____	Fax or Internet _____	cell phone _____	Phone Number (area code) _____	Fax or Internet _____	cell phone _____
Check if applicable () Owner			Check if applicable or specify relationship () Owner () Other – specify relationship _____		

4. Information and Plan Submittal Checklists. Scheduling POWTS plan reviews are assigned to reviewers after receipt of plans. If you select a specific office, your completion date may be considerably greater than what would be possible in another office. Submittals received without a specific office indicated on the form may be assigned to offices other than the receiving office depending on reviewer availability. Submittal checklists can be found in each applicable component manual. You may email technical code questions to DspsSbPowtsTech@wisconsin.gov.

Waukesha S&B 141 NW Barstow St 4 th Floor Waukesha WI 53188-3789 262-548-8600 Fax: 262-548-8614	Hayward S&B 10541N Ranch Rd Hayward WI 54843 715-634-4870 Fax: 715-634-5150	La Crosse Area S&B 3824 N Creekside Holmen WI 54636 608-785-9334 Fax: 608-785-9330		
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Make Checks Payable to Safety and Buildings Division Mail check and payment voucher to – DSPTS Fiscal Plans, PO Box 8602, Madison WI 53708-8602 () Check box to invoice designer and sign below Designer Signature _____	Total Amount Due \$ _____ Review Code 7633
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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