



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: dspssplanschedule@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 style="text-align: center;">Complete for <u>confirmed</u> 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 <u>must be received</u> 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.dspss.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>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>						
<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> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> <p style="text-align: center;">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> </td> <td style="width:50%; padding: 5px;"> <p style="text-align: center;">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> </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 5px;"> <p style="text-align: center;">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> </td> <td style="width:50%; padding: 5px; vertical-align: top;"> <p>Make checks payable to the State of WI- DSPS</p> <p>Attach check here.</p> <p style="text-align: center; font-size: 1.2em;">Total Amount Due \$ _____</p> <p style="text-align: right; font-weight: bold;">Revenue Code 7650</p> </td> </tr> </table>			<p style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 State of WI- DSPS</p> <p>Attach check here.</p> <p style="text-align: center; font-size: 1.2em;">Total Amount Due \$ _____</p> <p style="text-align: right; font-weight: bold;">Revenue Code 7650</p>
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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.		

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Number of	Orifice Diameter				
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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