

Plumbing Application in eSLA

A step-by-step process walking you through the eSLA customer portal application for a plumbing plan review.

Log into your eSLA portal dashboard



Welcome to your eSLA Dashboard

Credentials

Plan Review

Permit

+ NEW APPLICATION

MY HISTORY

Please click on the "My History" button to view previously submitted payments, permits, credentials and service requests such as revisions, components and compliance statements.

Are you trying to add a business or renew a cross connection control assembly? [Click here to add a business or renew your assembly.](#)

New Credential Applications

To edit or withdraw an application, please click on the Options button.

[View all and Search Credential Applications \(Please Use This Link If You Want To View More Than 20\)](#)

SORT BY -

The credential application process is very simple. Instructions for each stage of the credential application will explain what information is necessary to move forward to the next stage of the application process. The status indicators at the top of each page of the credential application will indicate what stage you are currently in for the process. Once you have completed the credential application and submitted it, the appropriate Department will review your credential application.

Click the '+' icon of the Add a Credential box to the right to begin the application process. To see your existing credential, scroll down to the next section.

Welcome to your eSLA Dashboard

Credentials

Plan Review

Permit

Click on NEW APPLICATION

+ NEW APPLICATION

MY HISTORY

Please click on the "My History" button to view previously submitted payments, permits, credentials and service requests such as revisions, components and compliance statements.

Are you trying to add a business or renew a cross connection control assembly? [Click here to add a business or renew your assembly.](#)

New Credential Applications

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Click the '+' icon of the Add a Credential box to the right to begin the application process. To see your existing credential, scroll down to the next section.

Select/Click on the area you wish to proceed in. For plan review select Plan Reviews.

Application Selection

Select the Area. Next, based on the area, select either the Program Area, Permit/Plan Review, and Application Type or the Application Type, Credential and Credential Type as applicable.

To add an account, select the account name from the drop down. If you do not see an account, please add the business via the [Manage Business](#) page.

Select Area

- Permits
- Plan Reviews
- Products
- Credentials
- Manufactured Homes

Application Instructions

Provide the information necessary for the application. Once finished, click which type of Save option desired.

IMPORTANT: Always click Save and Continue. If you use the browser's back button, your information will not be saved.

Application Selection

Select the Area. Next, based on the area, select either the Program Area, Permit/Plan Review, and Application Type or the Application Type, Credential and Credential Type as applicable.

To add an account, select the account name from the drop down. If you do not see an account, please add the business via the [Manage Business](#) page.

Select Area

Select Program Area

Select Permit Type/Plan Review

Select Application Type

Please select an Account [\(Create new account\)](#)

Now select

-Program Area

-Permit Type/Plan Review

-Application Type

-Account

Application Instructions

Provide the information necessary for the application. Once finished, click which type of Save option desired.

Numerous cities have been delegated certain authority to review plumbing plans in lieu of the Division of Industry Services.

For a current list of those municipalities and their designation, please check the [Plumbing Agent Municipalities](#) list to ensure your plans are sent to the correct recipient.

"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.

Manufactured Home Community: Use this option when submitting water supply systems, sanitary drainage systems, and/or storm drainage systems serving a manufactured home community; with or without building sewers or water services.



Completely fill out the Personal Information Section and then check the boxes for the Mailing Address and Public Address.

Personal Information

Provide the necessary information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

First Name
[Redacted]

Middle Name
[Redacted]

Last Name
[Redacted]

Phone Number
* [Redacted]

Email Address
* [Redacted]

Mailing Address

Select a mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Department). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY [USE DIFFERENT ADDRESS](#)

[Redacted]
United States

Public Address

Select a public address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY [USE DIFFERENT ADDRESS](#)

[Redacted]

[SAVE & FINISH LATER](#) [SAVE AND CONTINUE](#) [DOWNLOAD APPLICATION](#)



New Application

Building and Site Specific Plumbing Plan Review DIS-062316880



Questions

Answer the following questions by selecting the appropriate answer for each question. Once completed, click Save and Continue.

The questions on this page are to capture general details about the exterior plumbing systems serving the general site only. Questions capturing details about interior and exterior plumbing systems for specific building(s) (building sewer, sanitary; building sewer, storm; water service; building drain, waste & vent; water distribution, etc.) will be asked as part of the Building Details on the Project and Site tab in this submission.

General Questions

Does this submittal contain a health care facility and related facility?

[More Info](#)

Yes No

Does this submittal use the IAPMO Water Demand Calculator?[More Info](#)

Yes No

Is this submittal requesting a permission to start? [More Info](#)

Yes No

Number of buildings in this submittal? (Note: The only circumstance of entering a number other than "1" is for multiple, identical buildings. For buildings that are not identical, a separate submittal must be utilized.)

1

Site Plumbing System - Sanitary Site

Does the submittal include a private interceptor main sewer(s).

Revised: 06/08/2023

Follow these instructions

All the questions must be answered in order to proceed.



New Application

Building and Site Specific Plumbing Plan Review DIS-062316880

Business Information

Questions

Project and Site

Attachments

Review + Submit

Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

ADD INDIVIDUAL

May be more than 1 individual.

Complete the ADD INDIVIDUAL and the ADD SITE portions.

Project and Site

Add the necessary Project and Site information necessary to complete this application.

ADD SITE

The project and site address will be validated upon entry of the information.

Then you will ADD UNIQUE BUILDING

Building Details

ADD UNIQUE BUILDING

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

IMPORTANT: Always click Save and Continue. If you use the browser's back button, your information will not be saved.

Buildings

If you answered more than 1 building in the previous questions, you will be required to enter each building separately.

There are currently 0 building(s) added out of the 1 building(s) stated in the Plan Review - DIS-062316880.
Please click Add New Building button to add the outstanding building(s).

RETURN TO THE PLAN REVIEW APPLICATION

Click

+ ADD NEW BUILDING

Search:

Building Name	▲ Building Tenant	Building Address	Project Name#	Site Id	Number	Status
No data available						

Showing 0 to 0 of 0 entries

Next

Add Building

Building and Site Specific Plumbing Plan Review



Enter all the information and click the **SAVE AND CONTINUE** button to proceed to the next chevron.

Plan Review Information

Applicant Name

Plan Review Number

Plan Review Type

Plan Review Status

SAVE AND CONTINUE

IMPORTANT: Always click Save and Continue. If you use the browser's back button, your information will not be saved.

Add Building

Building and Site Specific Plumbing Plan Review SR-23-11486



Building Information

Please enter the building information. The search functionality is implemented for buildings created already through an approved plan review.

ADD BUILDING

Click ADD BUILDING to enter the building information

SAVE AND CONTINUE

IMPORTANT: Always click Save and Continue. If you use the browser's back button, your information will not be saved.

Click the Create a New Building check box or if the building already exists you can search for it.



Building Information

Please enter the building information. The search functionality is implemented for buildings created already through an approved plan review.

Create a New Building

OR

Search for Building by Name

CANCEL

SAVE AND CONTINUE

IMPORTANT: Always click Save and Continue. If you use the browser's back button, your information will not be saved.

If building is new fill out this information then click SAVE



Building Information

Please enter the building information. The search functionality is implemented for buildings created already through an approved plan review.

* Building Name

* Building Previous Tenant (enter "N/A" if not applicable)

* Location (Street, City, Zip or GPS / Nearest intersection)

CANCEL SAVE

SAVE AND CONTINUE

IMPORTANT: Always click Save and Continue. If you use the browser's back button, your information will not be saved.

Add Building

Building and Site Specific Plumbing Plan Review SR-23-11486



Questions

Answer the following questions by selecting the appropriate answer for each question. Once completed, click Save and Continue.

You will now answer all the questions relating to the building specifically. All of the questions need to be answered even if “0” is the answer.

Exterior Plumbing System Sanitary (Serving a building)

Does this submittal include a building sewer, sanitary?

Interior Plumbing System - Sanitary

Does this submittal include a building drain & vent, sanitary for a new building?

Does this submittal include an addition or alteration to an existing building drain & vent, sanitary?

Exterior Plumbing System - Water (Serving a Building)

Does this building contain a water service?

Does this water service include an exterior cross connection control assembly for a health care or related facility in a water service?

Does this water service include an interior cross connection control

Add Building

Building and Site Specific Plumbing Plan Review SR-23-11486

You will now digitally attest and sign to this Add Building and then click SUBMIT.



Application Review

Completed

Attestation

Consent to Electronic Signature

I accept

Type your First Name and Last Name as they appear on the application to sign electronically

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SUBMIT

Buildings

If you have more than 1 Building, you will be required to go through those same steps again. Once all the buildings have been entered and attested to click the RETURN TO THE PLAN REVIEW APPLICATION button.

There are currently 1 building(s) added out of the 1 building(s) stated in the Plan Review - DIS-062316880.
Please click Add New Building button to add the outstanding building(s).

[RETURN TO THE PLAN REVIEW APPLICATION](#)

Search:

Building Name	▲ Building Tenant	Building Address	Project Name#	Site Id	Number	Status
Test	N/A	1 Test Street	Test	SIT-114543		

Showing 1 to 1 of 1 entries

1 [Next](#)

Fees will now show up in your cart, **DO NOT** go into your cart yet.
Wait until you have completed the entire application before paying the fees.



New Application

Building and Site Specific Plumbing Plan Review DIS-062316880



Personal

First Name

You can now click on the Attachments chevron and continue there.

New Application

Building and Site Specific Plumbing Plan Review DIS-062316880

Business Information

Questions

Project and Site

Attachments

Review + Submit

Attachment

If applicable, upload the attachments for your application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The file must be no more than 25 MB in size. For documentation that needs to be submitted directly or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Additional Supporting Documentation

Use this feature for submitting documentation required for the accurate review of the plan submittal but not part of the complete original, stamped set of plans that need to be uploaded. This documentation could include: water distribution sizing calculations, fixture or piping specifications, soil and site evaluation form, required signed submitter's checklist including permission to start requests, etc.

Please download submitter checklist from this [link](#)

Attach/Upload the submittal checklist here and any other documents such as calculations, spec books, etc.

ADD ATTACHMENT

Submit Plan Building Site Specific

Submission of Plan Review

(Maximum file size for submission is 1GB)

Attach/Upload the signed/stamped plans here (The plans should be their own document.)

ADD ATTACHMENT

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

New Application

Building and Site Specific Plumbing Plan Review DIS-062316880

You will now attest to and digitally sign the application.



Application Review Completed

Attestation

By attesting below, the applicant swears that all information provided on this application is true, accurate, and that the submission requirements are met.

Several counties have been delegated certain authority to review plans in lieu of Division of Industry services. For a current list of those counties and their designation, please check the [Delegated Municipalities](#) section of our website to ensure your plans are sent to the correct recipient.

Consent to Electronic Signature

Click the checkbox

 I accept

Type your First Name and Last Name as they appear on the application to sign electronically

Type your name as it appears below in parentheses

Submit your Application

After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

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Click the SUBMIT button

Revised: 06/08/2023

Tester's test Cart

You will now pay the fees for the plan review application.

DSPS only accepts payments from US entities.

PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.

To continue paying, select the fees you wish to pay and then press the continue button.

Please do not pay more than 25 fees at one time.

Note: Payments made by electronic check(ACH) may take 3-4 days to clear and credit card payments may take up to 2 days to clear.

[ITEMS](#) » [CHECKOUT](#) » [CONFIRMATION](#)

Pay For:

None



CONTINUE

Total Due: \$0.00

DSPS only accepts payments from US entities.

PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.

To continue paying, select the fees you wish to pay and then press the continue button.

Please do not pay more than 25 fees at one time.

Note: Payments made by electronic check(ACH) may take 3-4 days to clear and credit card payments may take up to 2 days to clear.

ITEMS » CHECKOUT » CONFIRMATION

Total Amount: \$2,445.00

You will be redirected to a payment gateway to complete this transaction

BACK

CONTINUE

Click CONTINUE button

DSPS Shopping Cart

Amount Due \$2,445.00

Payment Information

Frequency One Time

Payment Amount \$2,445.00

Payment Date Pay Now

Contact Information

First Name

Last Name

Company (Optional)

Address 1

Address 2 (Optional)

City

State

Zip Code

Zip Code Extension (Optional)

Phone Number

Email Address

Fill out completely

Payment Method

Payment Method

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

Continue

[Cancel](#)

Click

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

Payment Details

Description	WIS_COM Perm Test Biller DSPS Shopping Cart http://dps.wi.gov
Payment Amount	\$2,445.00
Convenience Fee	\$48.90
Total Amount	\$2,493.90
Payment Date	06/01/2023

Payment Method

Payer Name	
Card Number	
Expiration Date	
Card Type	
Confirmation Email	

Billing Address

Address 1	
City	
State	
Zip Code	

Contact Information

First Name	
Last Name	
Address 1	
City	
State	
Zip Code	
Phone Number	
Email Address	

A convenience fee will be charged for this transaction.
financial institution.

Click



Confirm

[Back](#)

Revised: 06/08/2023

This is your payment confirmation.

Click Continue

You will be redirected back to the eSLA portal where you can access your Dashboard.

THIS IS A TEST SITE
Your Payment Will NOT be processed

Confirmation

Thank you for making your payment on line.
Please keep a record of your Confirmation Number, or [print this page](#) for your records.
Confirmation Number **XWIX17000036816**

Continue

Payment Details

Description	WIS_COM Perm Test Biller DSPS Shopping Cart http://dps.wi.gov
Payment Amount	\$2,445.00
Convenience Fee	\$48.90
Total Amount	\$2,493.90
Payment Date	06/01/2023
Status	PROCESSED

Payment Method

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Plan Review

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Your Plan Reviews

To renew, edit, or update your Plan Review, please click on the Options button. Applications for a Plan Review are also shown on the bottom of the dashboard page.

[Click here to VIEW AND SEARCH ALL PLAN REVIEWS](#)

SORT BY ▾

You can now view your plan reviews and their status's by scrolling down on this page.