



5/18/2018

Application for Delegated Municipality Authority

Complete this application to request agent municipality delegation authority from the State of Wisconsin Department of Safety & Professional Services, Division of Industry Services based on the request described below. See the attached list of delegated municipality general obligations. Complete a separate application for each delegation request.

Select All Delegation you are Requesting:

Commercial Building

- 1. (Base Delegation) As a municipality (city, village, town or county) per s. SPS 361.60(5)(c) to do **plan review and inspections** of **small** commercial buildings.
- 2. As a municipality (city, village, town or county) per s. SPS 361.60(5)(c) to do **plan review** of **small** commercial building projects **and** authorization per s. 101.12(3)(g), Wis Stats., to do **inspections** of **all size** buildings in lieu of the department.
- 3. Per s. 101.12(3)(g), Wis Stats., to do **inspections only** of **all size** buildings within the municipality in lieu of the department.
- 4. As a **second class city** per s. SPS 361.60(5)(b) to do **plan review and inspections** for all the types of buildings and structures.
- 5. As an **appointed agent** per s. 101.12(3)(g) Wis Stats. whereby a municipality (city, village, town or county) may request desired administrative responsibilities (e.g., fire sprinkler & fire alarm plan review only, or other expanded plan review beyond the limits outlined in options #1 & #2).
If appointed agent status is requested, fill in the desired enforcement responsibilities:

Fire Suppression/Fire Alarm Systems

- 1. Fire sprinkler and fire alarm plan review delegation for all types of buildings and structures.
- 2. Fire sprinkler and fire alarm inspection delegation for all types of buildings and structures.

Plumbing

- 1. Plan review and inspection of all plumbing projects in accordance with SPS 382.20 and Table 382.20-2.

Private On-Site Wastewater Treatment System (POWTS)

- 1. Plan review for POWTS that will completely utilize approved component manuals and products (check all that apply):
 - Commercial Residential
 - At Grade for DWF up to: _____ gpd
 - Non-Pressurized In-ground for DWF up to: _____ gpd
 - Pressurized In-ground for DWF up to: _____ gpd
 - Mound for DWF up to: _____ gpd
 - Drip-line for DWF up to: _____ gpd
- 2. Plan review for POWTS holding tanks based on \geq 3,000 gpd estimated flow utilizing approved component manuals and products

Elevator

- 1. SPS 318.1012 Conveyance plan review and inspections as delegated municipality. Periodic inspections require Regulated Object ID information.

Boiler

- 1. Inspections per SPS 341.10 and 341.16. Periodic inspections require Regulated Object ID information.

Other

- 1. _____

Primary Enforcement Contact:

Your primary certified inspector/reviewer for such enforcement is _____

Credential # _____

Phone: _____

Email: _____

Address (if different than municipality address below)

Additional Enforcement Staff: Please complete for all other certified staff that will be involved.

Name	Credential#	Hours of Review or Inspection in the past 5 years

Large Building Plan Review Delegation: For delegation type 4, and type 5 if desiring plan review authority for all buildings, indicate who is your Wisconsin-registered architect or engineer with the commercial building inspector credential that will oversee commercial building enforcement.

_____ Architect or Engineer Reg.# _____

Required Submittals with this Application:

- Attach your proposed or current ordinance showing: 1) adoption of the Wisconsin State Code applicable chapters, 2) authorization of municipal code official to enforce, 3) duty of owners to submit for permits, 4) fee schedule or reference to fees to be set by resolution 5) appeals process and 6) fines and penalties. Contact us for a model ordinance if desired.
- Additional information may be requested to complete delegation application review.

Note: Fees per s. SPS 302 are required to be remitted to our agency for projects depending upon delegation authorized.

I understand the applicable responsibilities and expectations for the type of delegation we are requesting and that they are municipal responsibilities, regardless of how we provide staffing for our enforcement program. I also understand that I will notify the DSPS of changes in enforcement staff and will adhere to reporting requirements of the specified program. Further, I understand the Department of Safety and Professional Services authority to audit and revoke delegation for failure to perform required duties.

Signature of Authorized Municipal Official	Title	Date
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Name (printed)
Municipality
Address
City, Zip Code

Return to:
Division of Industry Services
Division Administrator
PO Box 7302
Madison, WI 53707-7302