



Application for Review – Public Swimming Pools – SBD-9808

Personal information you provide may be used for secondary purposes
[Privacy Law s. 15.04(1)(m), Stats.]

This form is for Delegated Agent use only.
All plan reviews for DPCS must be submitted through the Department's Electronic Safety and Licensing Application (eSLA) system

1. TOTAL NUMBER OF RECIRCULATION SYSTEMS IN THIS SUBMITTAL:

Complete all information in Section 5 for each Recirculation System. Use additional pages if necessary.

a. Functional Review(s)

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 slides

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. number of slides.

b. Structural Review

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. This submittal is independent of the water attraction/pool review and will be scheduled in Madison under buildings.

2. PLAN REVIEW TYPE (check all that apply)

- New
- Revision* to a previously approved plan (prior to final inspection)
- "Open Swim" or "Lessons Permitted"
- Modification*
- Virginia Graeme Baker modification only
- No "Open Swim" or "Lessons Permitted"

*Indicate what was revised or modified in the plan.

3. PROJECT INFORMATION

Project/Site Number: _____

Number and Street: _____

Legal Description: _____

Number and Street: _____

County: _____ City Village Town of _____

Tenant Name or Building Designation: _____

Tenant or Building Address: _____

Designer's Project Number (If Applicable) _____

4. CUSTOMER INFORMATION AND AFTER PLAN REVIEW (check all that apply)

*Refers to customer number from below.

- Notify Customer No.*: 1 2 3 4
- Mail Plans to Customer No.*: 1 2 3 4
- Hold plans for pickup

Designer (Individual that stamped the plan) – Customer 1

Customer ID: _____

Last Name: _____

First Name: _____

Company Name: _____

Street Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

Check if Designer is Supervising Professional

Building Owner (not lessee) – Customer 2

Last Name: _____

First Name: _____

Company Name: _____

Street Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

Contact Person or Other (Please Specify) – Customer 3

Relationship to Project: _____

Customer ID: _____

Last Name: _____

First Name: _____

Company Name: _____

Street Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

Contact Person or Other (Please Specify) – Customer 4

Relationship to Project: _____

Customer ID: _____

Last Name: _____

First Name: _____

Company Name: _____

Street Address: _____

City: _____

Zip: _____

Phone Number: _____

Email Address: _____

5. RECIRCULATION SYSTEM – Complete for each system indicated in Section 1.

Recirculation System #

<u>Swimming Pool</u>		<u>Water Attraction</u>		<input type="checkbox"/> Whirlpool
<input type="checkbox"/> Swimming: <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter	<input type="checkbox"/> Activity	<input type="checkbox"/> Runout Slides	<input type="checkbox"/> Therapy Pool	
<input type="checkbox"/> Diving: <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter	<input type="checkbox"/> Vortex	<input type="checkbox"/> Splash Pad		
<input type="checkbox"/> Combination (swimming/diver): <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter	<input type="checkbox"/> Leisure River	<input type="checkbox"/> Vanishing Edge	<u>Alternate</u>	<u>Experimental</u>
<input type="checkbox"/> Wading: <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter	<input type="checkbox"/> Pad Walk	<input type="checkbox"/> Wave	<input type="checkbox"/> New	<input type="checkbox"/> New
	<input type="checkbox"/> Plunge Area	<input type="checkbox"/> Zero Depth	<input type="checkbox"/> Modification	<input type="checkbox"/> 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 (List additional jet or feature pump specifications on plan)		Model	gpm. at	ft. TDH	Max. gpm.
Filter: Make		Model	Type		
Number of		Surface Area per Filter in sq. ft.		NSF Approved	
Disinfectant Feeder: Make		Model	NSF Approved	Type of Disinfectant	
Overflow System:		Gutter type: Surge Tank volume in gallons			
		Skimmer type: Make		Model	Number of
Inlets: Make		Model	Directional	Adjustable	Wall Floor
Number of		Orifice Diameter			
Main Drains: Make		Model	Number of	Open Area per Drain in sq. in.	

5. RECIRCULATION SYSTEM – Complete for each system indicated in Section 1.

Recirculation System #

<u>Swimming Pool</u>		<u>Water Attraction</u>		<input type="checkbox"/> Whirlpool
<input type="checkbox"/> Swimming: <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter	<input type="checkbox"/> Activity	<input type="checkbox"/> Runout Slides	<input type="checkbox"/> Therapy Pool	
<input type="checkbox"/> Diving: <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter	<input type="checkbox"/> Vortex	<input type="checkbox"/> Splash Pad		
<input type="checkbox"/> Combination (swimming/diver): <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter	<input type="checkbox"/> Leisure River	<input type="checkbox"/> Vanishing Edge	<u>Alternate</u>	<u>Experimental</u>
<input type="checkbox"/> Wading: <input type="checkbox"/> Skimmer <input type="checkbox"/> Gutter	<input type="checkbox"/> Pad Walk	<input type="checkbox"/> Wave	<input type="checkbox"/> New	<input type="checkbox"/> New
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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 (List additional jet or feature pump specifications on plan)		Model	gpm. at	ft. TDH	Max. gpm.
Filter: Make		Model	Type		
Number of		Surface Area per Filter in sq. ft.		NSF Approved	
Disinfectant Feeder: Make		Model	NSF Approved	Type of Disinfectant	
Overflow System:		Gutter type: Surge Tank volume in gallons			
		Skimmer type: Make		Model	Number of
Inlets: Make		Model	Directional	Adjustable	Wall Floor
Number of		Orifice Diameter			
Main Drains: Make		Model	Number of	Open Area per Drain in sq. in.	

6. EXISTING POOL/RECIRCULATION SYSTEM – Include properly signed plans for each pool/recirculation system showing all pertinent information including the slide and associated piping and pool. Attach additional sheets if submitting more than two slides.

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.	

7. DRESSING, SHOWER, AND TOILET FACILITIES

Female:	Toilets	Lavatories	Showers	
Male:	Toilets	Lavatories	Showers	Urinals
Unisex / Family:	Toilets	Lavatories	Showers	

7. REQUIRED SIGNATURES

a. Supervising Professional – The construction contractor, architect, or engineer must sign below when plans are submitted for review.

Signature below: _____

Print below: _____

Supervising Professional License Number: _____

Date: _____

If contact information is not shown on Page 1, Supervising Professional must complete the following:

Mailing Address, City, State, Zip: _____

Phone Number with Area Code: _____

Email Address: _____

10. FEE CALCULATION

Item Description - Indicate which pool/slide you are requesting review of and have submitted calculations for in Sections 6 and 7.	Project In State-Inspected Location	Project in Agent-Inspected Location**	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	\$ _____
Pool alteration review and inspection or preliminary review	\$80.00/hr	\$80.00/hr	\$ _____
Item Description - Indicate which pool/slide you are requesting review of and have submitted calculations for in Sections 6 and 7.	\$350.00	\$200.00	\$ _____
Total Amount Due:*			\$ _____
* Fee computation doubled for installations started without plan approval			
** Agents/Authorized Representatives for pool inspection (submitter will be billed separately for inspection services)			

11. ADDITIONAL INFORMATION

Wis. Admin. Code and other technical questions can be emailed to:

Structural and HVAC: DspsSbBuildingTech@wisconsin.gov

Fire Suppression and Fire Alarm: DspsSbFireProtech@wisconsin.gov

Commercial Building Inspections: DspsSbInspectionSupport@wisconsin.gov