Division of Industry Services

Application for General Plumbing Plan Review and **Cross Connection Assembly Registration**

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

General Plumbing

1. For pre-scheduling of plumbing plans, use the electronic online request for plu	mbing plan Previously Related Transaction #
appointments found at http://dsps.wi.gov/Plan-Review . This form is to be used of dropping off plans without an appointment, or if you are scheduling a Revision vifor further information). Check our website at http://dsps.wi.gov/Plan-Review/Ab	a fax (see Box 13 See our website for next available appointment at out-Plan- http://dsps.wi.gov/Plan-Review/Availability-Calendar/
Review/Plan-Review-Forms/ for the most current version of this form. We may nanother office if needed to reasonably balance turnaround times. You may monit	
your plan at: http://www.dsps.wi.gov/Plan-Review/Plan-Status.	Trans ID:
Desired Appointment Date:	Complaint Case #:
	Assigned Reviewer:
	Assigned Office:
	Reviewer Start Date*:
2. Project Information – Fill in all known information	
Project/Site Name:	
Number & Street:	
County: City Village Town of	
	eviewed please: (check all that apply)
☐ Call Customer ☐1 ☐ 2 ☐ 3 (Check one number)* ☐ Mail plans to Customer listed below ☐ Plans to be E-file	stomer
4. Complete the following customer information in the boxes below	
Designer Information (Customer 1) (Person who stamped the plan)	Contact Person or Other, Please Specify (Customer 3)
First Name Last Name Customer ID Number	First Name Last Name Customer ID Number
Company Name:	Company Name:
Address:	Address:
City:	City: State: Zip + 4 (9 digits):
Phone Number (Area Code):	Phone Number (Area Code):
	Email Address:
Email Address:	
Have you submitted plumbing plans to Industry Services in the last year? ☐ Yes ☐ No	Make checks payable to: Industry Services Division and attach to the application and plans.
Owner Information (Customer 2)	☐ Invoice Designer, who will be personally responsible for payment.
	Designer Signature:
First Name Last Name Customer ID Number	
Company Name:	Total amount due (from page) \$
Address:	Minimum Fee \$85.00
City: State: Zip + 4 (9 digits):	(except for Cross Control Connection Registrations
Phone Number (Area Code):	In Non-Health Care and related facilities) - \$30.00
Email Address:	
	Revenue Code 7657
	Reveilue Code 7007

SUBMIT ADDITIONAL PAGE 2 FOR EACH NON-IDENTICAL BUILDING OR TENANT SPACE

Additional Building Specific Items Next Page

5. BUILDING SPECIFIC INFORMATION		Secretary of the market has		
□ New □ Addition/Alteration □ Revision to Pre 13D Multi-Purpose Piping** □ siphonic roof drain: □ Project is Apartment/Condo only □ Healthcare □ (NOTE: Buildings must be on same site and	systems** Structure Structure	cture is greater or equal to 5 storie ty Multiple identical buildings	s in height	
Indicate Building/Tenant Designation for Each B	uilding and/or Ter	nant Space (Attach Additional Pa	ages if Necessary)	
Building/Facility Name/Designation	Previous Tenant		Building/Facility Address	
		•		
Item Description – Indicate items included with this building.	submittal for this		or installation without approval) Check Calculate the fees separately for each building	Required Fee
Indicate here the total number of interior fixtures, and hose bibs being submitted for this building:	, including roof dr	ains	TOTAL #	
6. BUILDING SPECIFIC SANITARY:				
Select ONE of the following six options and ent		ding diameter or Drainage Fixt	ture Units (DFU) and enter fee	
 Interior Sanitary Drain and Vent System and Building Sewer 	Exterior Sanitary	Diameter of sanitary building sev	ver(s) in inchesx \$50	
2. Interior Sanitary Drain and Vent system only		Diameter of sanitary building sev building x \$50	ver, in inches, required to serve the	
3. Exterior Sanitary Building Sewer(s) only		Diameter of sanitary building sev	ver(s) in inches x \$30	
 Interior Sanitary Drain and Vent system within remodeled building 	n an addition or	DFU's new, added or relo See fee Table 1 on page 4 to co		
Multiple exterior Sanitary Building Sewers se	erving the single	DFU's new, added or relo		
building, and the interior Sanitary Drain and Vent s		See fee Table 1 on page 4 to co		
 Interior Sanitary Drain and Vent System with drains exiting the building. No exterior sanitary sewer 		DFU's new, added or relo See fee Table 1 on page 4 to co		
7. BUILDING SPECIFIC WATER:			Santa (ODM) and autorities	
Select ONE of the following six options and ent	ter the correspon			
□ Interior Water Distribution system and exterior	Water Service	domestic and fire sprinkler syste distribution immediately after the inches x \$50	e in inches, or if serving a combination m, enter diameter of interior water meter or at the building control valve in	
2. Interior Water Distribution system, no exterior	Water Service	Diameter of interior water distributhe building control valve in inch	ution immediately after the meter or at es x \$50	
Exterior Water Service(s), no interior Water Di	stribution system	Diameter of exterior water service	e in inches x \$30	
4. Interior Water Distribution system within an ad remodeled building, no exterior Water Service	dition or	GPM added or relocated See fee Table 2 on page 4 to co	nvert GPM to a fee	
Multiple exterior Water Services serving the si the interior Water Distribution system	ngle building, and	GPM See fee Table 2 on page 4 to co		
6. ☐ Interior Water Distribution system with multiple the building, no exterior Water Services.	e services exiting	GPM See fee Table 2 on page 4 to co		
8. Indicate the number of items below inclu	ided with this su	and the second of the second o	The same and second second	Europe Parist
Grease Interceptor		Number of Grease Interceptors submitted with Sanitary Drain &	x \$85, no additional fee if	
Garage Catch Basin		Number of Garage Catch Basins submitted with Sanitary Drain &	x \$85, no additional fee if	
Oil Interceptor		Number of Oil Interceptors with Sanitary Drain & vent	x \$85, no additional fee if submitted	
Car Wash Interceptor		Number of Car Wash Interceptor submitted with Sanitary Drain &		
Sanitary Dump Station		Number of Sanitary Dump Static submitted with Sanitary Drain &		
Mixed Wastewater Holding Devices		Number of Mixed Wastewater H additional fee if submitted with S	Sanitary Drain & vent	
Chemical System (No Eyewash or emergency	y showers)	Number of Chemical Systems submitted with Sanitary Drain &	x \$85, no additional fee if vent	
Cross Connection Control Assemblies in Hea Related Facilities or State owned buildings to be		Number of Cross Connection Co	ontrol Assemblies x \$170	
Request to Register Cross Connection Control Non-Health Care Related Facilities	ol Assemblies in	Number of Cross Connection Co	ontrol Assemblies x \$30	

Additional Building Specific Items Next Page

Table 1

DRAINAGE FIXTURE UNIT (DFU) FEE TABLE				
DFU	Pipe Diameter	Fee (diameter X \$50)		
1	1 1/4	\$50		
2-3	1 1/2	\$65		
4-6	2	\$75		
7-20	3	\$150		
21-160	4	\$200		
161-360	5	\$250		
361-620	6	\$300		
621-1400	8	\$400		
1401-2500	10	\$500		
2501-3900	12	\$600		

Table 2

WATER DISTRIBUTION FEE TABLE					
Table 302.64	-2				
(GPM	Fee			
1	to	6 \$25.00			
7	to	12\$35.00			
13	to	21 \$50.00			
22	to	31 \$60.00			
32	to	46 \$75.00			
47	to	77 \$100.00			
78	to	119 \$125.00			
120	to	170 \$150.00			
171	to	298 \$175.00			

Table 3

GPM	Diameter	Fee (diameter X \$15/inch)	
1-50	3	\$45	
51-115	4	\$60	
116-195	5	\$75	
196-320	6	\$90	
321-700	8	\$120	
701-1300	10	\$150	
1301-2200	12	\$180	
2201-4050	15	\$225	
4051-6700	18	\$270	
6701-9880	21	\$315	
9881-14700	24	\$360	

Table 4

STORM ARE	A FEE TABLE
Acres (area drained to a plumbing system)	Fee
Greater than 1 to 5	\$350
Greater than 5 to 15	\$500
Greater than 15	\$600

43,560 sq ft = 1 acre

12. Agent Municipalities (See SPS Table 382.20 - 2 for agent plan submittals.) Cities of:

Appleton Eau Claire Green Bay Janesville Madison West Allis Milwaukee Oshkosh

Verona*

NOTE: Plans must be submitted to agent, unless waived by them.

** Service has been temporarily suspended

Some agents are delegated to perform plan review for infiltration systems. See http://dsps.wi.gov/Documents/Industry%20Services/Forms/Plan%20Review/Industry%20Services%20Division%20Plumbing%20Agent%20Municipalities.pdf for current list.

Madison 1400 E Washington Avenue 53703 PO Box 7162 Madison WI 53707-7162 1-877-840-9172 TTY: Contact Through Relay Fax: (for sending questions or additional info to reviewers) 608-267-9566	Hayward 10541N Ranch Road Hayward WI 54843 715-634-4870 Fax: (for sending questions or additional info to reviewers) 715-634-5150	Holmen 3824 Creekside Lane Holmen WI 54636 608-785-9334 Fax: (for sending questions or additional info to reviewers) 608-785-9330	Green Bay 2331 San Luis Place Green Bay, WI 54304 920-492-5601 FAX: (for sending questions or additional info to reviewers) 920-492-5604	Waukesha 141 NW Barstow Street 4th Floor Waukesha WI 53188-3789 262-548-8600 Fax: 262-548-8614
555 257 5555				

Do Not Submit This Page as Part of Schedule Request

Water treatment device addressing regulated contaminants* (submit to Madison only)		SPS 302.04(1). Requires a plan review fee to be charged at a rate of \$80 per hour for each water treatment/reuse system plan review			
Water Treatment System for compliance to 382.7		*SPS 302.04(2) An assessment fee for an inspection			
Water Reuse System – Submit to Madison or Waukesha ☐ Graywater/ Blackwater/Stormwater ☐ Subsurface/Infiltration		mate of COO manifestor			
		Number of identical buildings X above Fee Subtotal (Page Fee Sub carry to bottom of Pa		
9. SITE SPECIFIC INFORMATION:					
Check and complete diameter information if included in this sub-		ee Computation (doubled for installation without approval) (Chend make fee computation.	ck appropriate box	Required Fee	
STORM – All storm piping is considered site specific. If the pla	n includes subs	urface infiltration submit only to Madison. Hayward or Wauke	sha.		
Indicate total number of exterior fixtures such as storm drain inle		rainage area served by the storm plumbing system is (check on		and a state of the state of	
with this application		presponding information)			
Check all that apply: Interior storm drain system with a clearwater dra (if submitting interior storm only, use the roof area to def drainage area for fees.)	n system si	. ☐ Less than or equal to 1 acre drainage to the plumbi ngle discharge point diameter at discharge point in inches x \$15/inc			
 ☐ Interior storm drain system without a Clearwater d (if submitted interior storm only, use the roof area to det drainage area for fees.) ☐ Storm Building Sewer 		. Less than or equal to 1 acre drainage to the plumbinultiple discharge points Total GPM discharge. See Table 3 on next part to fee			
☐ Storm Private Interceptor Main Sewer	C.	. ☐ Greater than 1 acre drainage to the plumbing system	m. Acres		
Storm water and/or clear water Subsurface Infiltr		See Table 4 on next page to convert acres to	o a fee		
Public Building submitted with or without a storm pi system	ping	NOTE: Maintenance plan submittal required.			
Storm system Infiltration Volume (gal) Select Madison, Waukesha or Hayward offices for p infiltration and other plumbing systems.	lans with	If this submittal is infiltration WITH storm, indicate \$200 in the fee column. If submitting infiltration WITHOUT storm, calculate the corresponding fee in A, B, or C above as if you were submitting those elements and enter here Add \$200 and enter the total fee in the fee column.			
☐ Clearwater drain system without an interior storm of system					
	\$	15/inch diameter of each Clearwater drain system inche	s x \$15/inch		
SANITARY					
Submittal of Sanitary Private Interceptor Main Sew Indicates the number of independent connections to municipal sewer or POWTS	the S	um of largest PIMS diameters in inches x \$30/incompute for each independent system and total)	sh .		
WATER		等。据《三·公司》(1975年) 1975年 - 1985年 - 1987年 - 1987			
☐ Private Water Main Indicate the number of independent connections to the rwater main or well pressure tank	(0	um of water main diameters in inches x \$30/inch Compute for each independent system and total)			
If the submittal is for a Mobile/Manufacture number of sites and enter fee:	d Home Con	nmunity and/or Campground/Recreational Veh	icle Park, indicate	e the	
Mobile/Manufactured Home Park and/or	All and department of the second seco	lobile/Manufactured Home Park and/or ampground/Recreational Vehicle Park	Required Fee		
Campground/Recreational Vehicle Park 1-25 Sites	NA SHOULD BE SHO	7 51-125 Sites	\$400		
☐ 26-50 Sites	\$350	Greater than 125	\$500		
Mobile/Manufactured Home Park and/or Campground/R					
☐ Sanitary Dump Station	are the second second	Exterior Water Service			
Exterior Sanitary Sewer		Private Water Main			
☐ Sanitary Private Interceptor Main Sewer	_	•			
11. OTHER FEES					
☐ Plan Approval Extension (1 year maximum)	ls.	120	CO-SON WAY E PROPERTY.	THE SHEET IS SECTION.	
Revision to previously approved plans (List Regulat Number(s) from the approval letter that are being re	vised) \$8	85 Required – NOTE: Must be scheduled with office the eviewed the plans.	at previously		
		Number of Experimental Plumbing Systems x \$1,000			
☐ Alternate Plumbing System (Submit to Madison Office	e) N	Number of Alternate Plumbing Systemsx \$800			
	Su	btotal From Page 2 (include subtotals from addition			

13. CROSS CONNECTION CONTROL ASSEMBLY INFORMATION

Registering Cross Connection Control (CCC) Assemblies (except for health care and related facilities) and reporting test results can be done online for a reduced fee at http://dsps.wi.gov/Online-Services/Industry-Services/Cross-Connection-Control-Assembly/. All assemblies shown on plan must be registered with this submittal. If the assembly is already registered prior to review of the plans, indicate the Regulated Object number below.

☐ Check if serving Healthcare and Related Facilities (see below for definition) Water Supply Source: Check one Municipal Water System Other than municipal, non-community or private water system. See NR 811 and 812 for definitions.

REGULATED OBJECT #	Assembly Type*	Facility Name	Size	Mfg.	Assembly Model	Serial Number	Specific Location of Assembly	Assembly Is Serving
Indicate if known	RP	UW Human Services Buildings	3/4"	ACME	002M2QT	Indicate if known	Rm. 219, No. Wall	Boiler

PVB Pressure vacuum breaker assembly - ASSE 1020 + CAN/CSA B64.1.2

Reduced pressure principle backflow preventer - ASSE 1013 + CAN/CSA B64.4 RP RPD

Reduced pressure detector fire protection backflow preventer assembly - ASSE 1047

SVB Spill resistant vacuum breaker - ASSE 1056 + CAN/CSA B64.1.3

"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.

Note: Be aware that state plan review and approval is separate from local permits. Always check with the local municipality and county for their requirements. Per SPS 382.20 (6), one set of approved plans shall be kept at the construction site.

14. PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORD WITH CODE SECTION 15. Other Potential Plan Submittals Required For A Project? SPS 382.20.

Two complete sets of plumbing plans and specifications (including detailed information on types of materials and fixtures) (maximum of five). Make sure your submittal is complete! Incomplete submittals will result in delays or loss of appointment.

Plans shall include:

- 1. Plot plan showing size and pitch of sanitary and/or storm sewer and water.
- 2. Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
- 30/60° isometric diagrams of the drain, vent and water distribution systems. Indicate water supply and drainage fixture unit loads at each change in pipe diameter.
- Complete water calculations in accord with SPS 382.40 (7).
- Complete storm drain sizing calculations in accordance with SPS 382.36 (5).
- Remodeling or additions shall include existing loads.
- Water Quality Management Letter if required by SPS 382.20 (4) (b).
- For storm water plans, submit appropriate architectural roof drainage plans, site grade run off plans and contour lines showing what is drained to the plumbing system. Show all pipe sizes and discharge rates after every inlet.
- For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
- 10. All plans must be properly signed per SPS 382.20 (4)(c). Plans involving more than one sheet must be BOUND into sets.
- 11. For water re-use submittals include information requested in the product approval.
- 12. Complete sizing calculations for all grease interceptors.

- Petition for Variance Submit form SBD-9890-X
- Private sewage systems under SPS 381-385
- Buildings under SPS 361-366
- Elevators or Escalators under SPS 318
- · Swimming Pools or other Aquatic Centers within a Commercial/Public Facility under chapter **SPS 390**
- Tank storage of 5,000 gallons or more of flammable or combustible liquids under
- Fixtures which require water or waste connections may need product approval.
- · There is no state electrical plan review
- · UDC permit information and application packet available online at http://dsps.wi.gov/Plan-Review/About-Plan-Review/Plan-Review-Forms/

Contact the Industry Services Division for individual submittal requirements for all of the above.

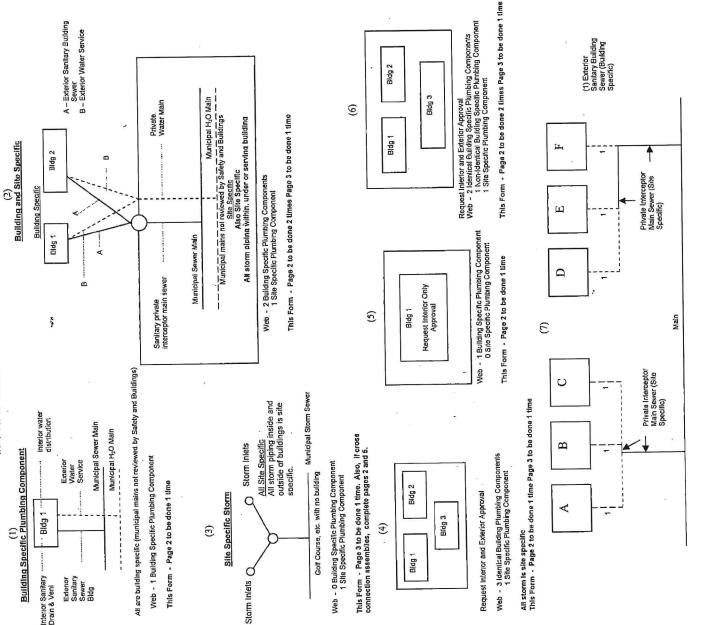
For licensing of hotels, motels, restaurants, pools, campgrounds, and bed and breakfast establishments contact the DHS. Wisconsin Environmental Sanitation Section, 608-266-2835,

The Wisconsin Permit Center at 1-800-435-7287 may be able to help you with other state permit requirements.

SBD-6154 (R4/17) 5

TYPICAL EXAMPLES OF BUILDING SPECIFIC/SITE SPECIFIC INDICATED TASKS ARE FOR COMPLETING FORM PAGES AND WEB SCHEDULING

TYPICAL EXAMPLES OF BUILDING SPECIFIC/SITE SPECIFIC INDICATED TASKS ARE FOR COMPLETING FORM PAGES AND WEB SCHEDULING



Web - 6 Identical Building Specific Plumbing Components 2 Site Specific Plumbing Components

This Form - Page 2 to be done once, Page 3 to be done once.

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