



Division of Industry Services

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

-Complete all pages-

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

**General Plumbing**

<b>1. For pre-scheduling of plumbing plans, use the electronic online request for plumbing plan appointments found at <a href="http://dsps.wi.gov/Plan-Review">http://dsps.wi.gov/Plan-Review</a>. This form is to be used only for mailing or dropping off plans without an appointment, or if you are scheduling a Revision via fax (see Box 13 for further information). Check our website at <a href="http://dsps.wi.gov/Plan-Review/About-Plan-Review/Plan-Review-Forms/">http://dsps.wi.gov/Plan-Review/About-Plan-Review/Plan-Review-Forms/</a> for the most current version of this form. We may re-distribute plans to another office if needed to reasonably balance turnaround times. You may monitor the status of your plan at: <a href="http://www.dsps.wi.gov/Plan-Review/Plan-Status">http://www.dsps.wi.gov/Plan-Review/Plan-Status</a>.</b>		<b>Previously Related Transaction #</b> See our website for next available appointment at <a href="http://dsps.wi.gov/Plan-Review/Availability-Calendar/">http://dsps.wi.gov/Plan-Review/Availability-Calendar/</a>
Desired Appointment Date: _____		
<b>2. Project Information – Fill in all known information</b> Project/Site Name: _____ Number & Street: _____ County: _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____		
<b>3. Mailing Information</b> <span style="float: right;"><b>After plans are reviewed please: (check all that apply)</b></span> <input type="checkbox"/> Call Customer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (Check one number)* <input type="checkbox"/> Mail plans to Customer <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (Check one)* <input type="checkbox"/> Requesting party will pick up * Refers to customer listed below <input type="checkbox"/> Plans to be E-filed – <b>SharePoint User Name is:</b> _____		
<b>4. Complete the following customer information in the boxes below.</b>		
<b>Designer Information (Customer 1) (Person who stamped the plan)</b> _____ First Name Last Name Customer ID Number Company Name: _____ Address: _____ City: _____ State: _____ Zip + 4 (9 digits): _____ Phone Number (Area Code): _____ Email Address: _____ Have you submitted plumbing plans to Industry Services in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Contact Person or Other, Please Specify (Customer 3)</b> _____ First Name Last Name Customer ID Number Company Name: _____ Address: _____ City: _____ State: _____ Zip + 4 (9 digits): _____ Phone Number (Area Code): _____ Email Address: _____ <b>Make checks payable to: Industry Services Division and attach to the application and plans.</b> <input type="checkbox"/> Invoice Designer, who will be personally responsible for payment. Designer Signature: _____  <b>Total amount due (from page ) \$ _____</b> Minimum Fee \$85.00 (except for Cross Control Connection Registrations In Non-Health Care and related facilities) - \$30.00  <b>Revenue Code 7657</b>	
<b>Owner Information (Customer 2)</b> _____ First Name Last Name Customer ID Number Company Name: _____ Address: _____ City: _____ State: _____ Zip + 4 (9 digits): _____ Phone Number (Area Code): _____ Email Address: _____		

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

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<b>5. BUILDING SPECIFIC INFORMATION</b>		
<input type="checkbox"/> New <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Revision to Previously Approved plan where approved construction has not been completed <input type="checkbox"/> Sovent/Provent, <input type="checkbox"/> 13D Multi-Purpose Piping** <input type="checkbox"/> siphonic roof drain systems** <input type="checkbox"/> Structure is greater or equal to 5 stories in height <input type="checkbox"/> Project is Apartment/Condo only <input type="checkbox"/> Healthcare and Related Facility <input type="checkbox"/> Multiple identical buildings   Number of <u>identical</u> buildings being submitted (NOTE: Buildings must be on same site and ** must be submitted to Madison Office)		
<b>Indicate Building/Tenant Designation for Each Building and/or Tenant Space (Attach Additional Pages if Necessary)</b>		
Building/Facility Name/Designation	Previous Tenant Name	Building/Facility Address

Item Description – Indicate items included with this submittal for this building.	Fee Computations (doubled for installation without approval) Check appropriate box and enter fee Calculate the fees separately for each building	Required Fee
<b>Indicate here the total number of interior fixtures, including roof drains and hose bibs being submitted for this building:</b>		TOTAL # _____
<b>6. BUILDING SPECIFIC SANITARY:</b>		
Select ONE of the following six options and enter the corresponding diameter or Drainage Fixture Units (DFU) and enter fee		
1. <input type="checkbox"/> Interior <b>Sanitary Drain and Vent System</b> and Exterior <b>Sanitary Building Sewer</b>	Diameter of sanitary building sewer(s) in inches _____ x \$50	
2. <input type="checkbox"/> Interior <b>Sanitary Drain and Vent system</b> only	Diameter of sanitary building sewer, in inches, required to serve the building. _____ x \$50	
3. <input type="checkbox"/> Exterior <b>Sanitary Building Sewer(s)</b> only	Diameter of sanitary building sewer(s) in inches _____ x \$30	
4. <input type="checkbox"/> Interior <b>Sanitary Drain and Vent system</b> within an addition or remodeled building	DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
5. <input type="checkbox"/> Multiple exterior <b>Sanitary Building Sewers</b> serving the single building, and the interior <b>Sanitary Drain and Vent system</b>	DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
6. <input type="checkbox"/> Interior <b>Sanitary Drain and Vent System</b> with multiple building drains exiting the building. No exterior sanitary sewers	DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
<b>7. BUILDING SPECIFIC WATER:</b>		
Select ONE of the following six options and enter the corresponding diameter or Gallons Per Minute (GPM) and enter fee		
1. <input type="checkbox"/> Interior Water Distribution system and exterior Water Service	Diameter of exterior water service in inches, or if serving a combination domestic and fire sprinkler system, enter diameter of interior water distribution immediately after the meter or at the building control valve in inches _____ x \$50	
2. <input type="checkbox"/> Interior Water Distribution system, no exterior Water Service	Diameter of interior water distribution immediately after the meter or at the building control valve in inches _____ x \$50	
3. <input type="checkbox"/> Exterior Water Service(s), no interior Water Distribution system	Diameter of exterior water service in inches _____ x \$30	
4. <input type="checkbox"/> Interior Water Distribution system within an addition or remodeled building, no exterior Water Service	GPM added or relocated See fee Table 2 on page 4 to convert GPM to a fee	
5. <input type="checkbox"/> Multiple exterior Water Services serving the single building, and the interior Water Distribution system	GPM See fee Table 2 on page 4 to convert GPM to a fee	
6. <input type="checkbox"/> Interior Water Distribution system with multiple services exiting the building, no exterior Water Services.	GPM See fee Table 2 on page 4 to convert GPM to a fee	
<b>8. Indicate the number of items below included with this submittal.</b>		
Grease Interceptor	Number of Grease Interceptors _____ x \$85, no additional fee if submitted with Sanitary Drain & Vent	
Garage Catch Basin	Number of Garage Catch Basins _____ x \$85, no additional fee if submitted with Sanitary Drain & vent	
Oil Interceptor	Number of Oil Interceptors _____ x \$85, no additional fee if submitted with Sanitary Drain & vent	
Car Wash Interceptor	Number of Car Wash Interceptors _____ x \$85, no additional fee if submitted with Sanitary Drain & vent	
Sanitary Dump Station	Number of Sanitary Dump Stations _____ x \$85, no additional fee if submitted with Sanitary Drain & vent	
Mixed Wastewater Holding Devices	Number of Mixed Wastewater Holding Devices _____ x \$85, no additional fee if submitted with Sanitary Drain & vent	
Chemical System (No Eyewash or emergency showers)	Number of Chemical Systems _____ x \$85, no additional fee if submitted with Sanitary Drain & vent	
Cross Connection Control Assemblies in <b>Health Care and Related Facilities or State owned buildings to be reviewed</b>	Number of Cross Connection Control Assemblies _____ x \$170	
Request to Register Cross Connection Control Assemblies in <b>Non-Health Care Related Facilities</b>	Number of Cross Connection Control Assemblies _____ x \$30	

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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

<i><b>WATER DISTRIBUTION FEE TABLE</b></i>			
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

STORM GALLONS PER MINUTE (GPM) FEE TABLES		
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 AREA 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.

<b>Madison</b> 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	<b>Hayward</b> 10541N Ranch Road Hayward WI 54843  715-634-4870  Fax: (for sending questions or additional info to reviewers) 715-634-5150	<b>Holmen</b> 3824 Creekside Lane Holmen WI 54636  608-785-9334  Fax: (for sending questions or additional info to reviewers) 608-785-9330	<b>Green Bay</b> 2331 San Luis Place Green Bay, WI 54304  920-492-5601  FAX: (for sending questions or additional info to reviewers) 920-492-5604	<b>Waukesha</b> 141 NW Barstow Street 4 <sup>th</sup> Floor Waukesha WI 53188-3789  262-548-8600  Fax: 262-548-8614
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**Do Not Submit This Page as Part of Schedule Request**

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### 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  
RP Reduced pressure principle backflow preventer – ASSE 1013 + CAN/CSA B64.4  
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 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.
3. 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.
4. Complete water calculations in accord with SPS 382.40 (7).
5. Complete storm drain sizing calculations in accordance with SPS 382.36 (5).
6. Remodeling or additions shall include existing loads.
7. Water Quality Management Letter if required by SPS 382.20 (4) (b).
8. 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.
9. 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.

#### 15. Other Potential Plan Submittals Required For A Project?

- 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 SPS 310
- 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/>

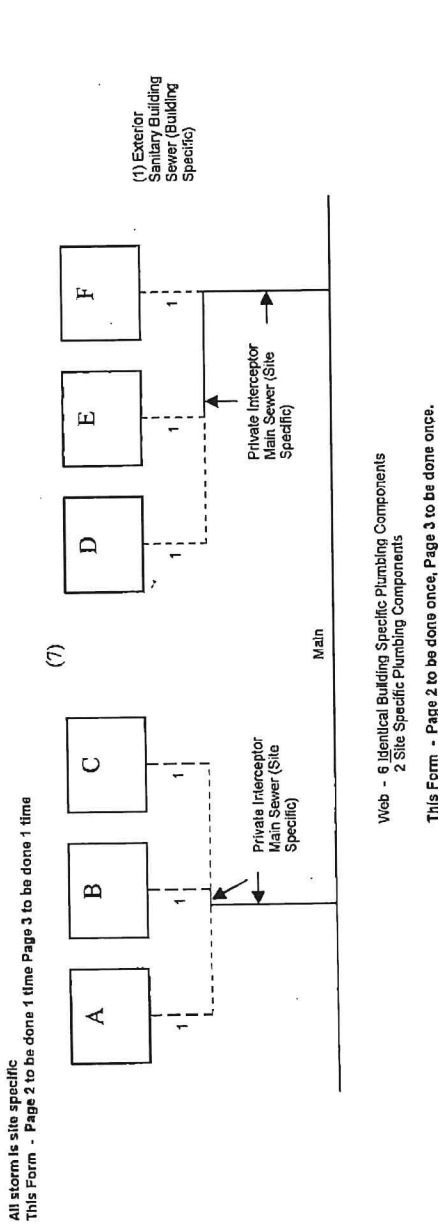
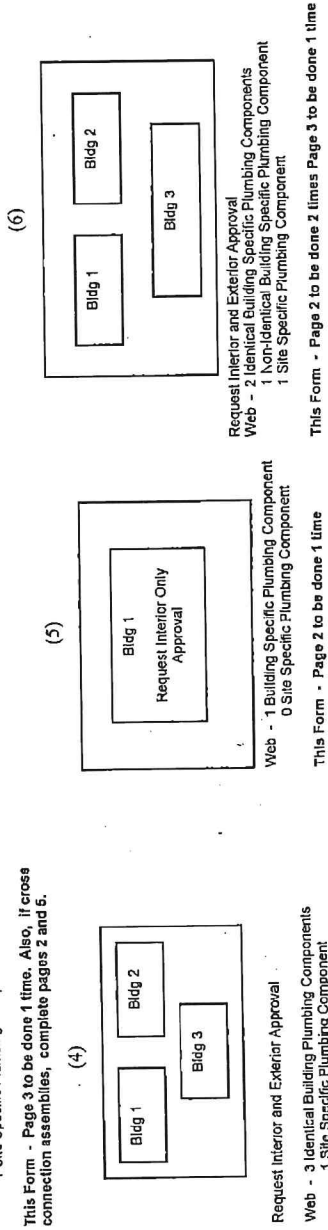
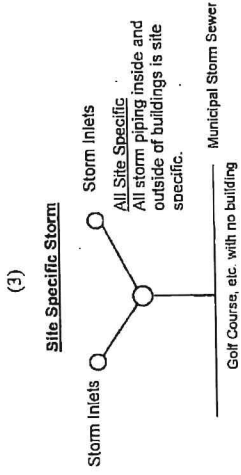
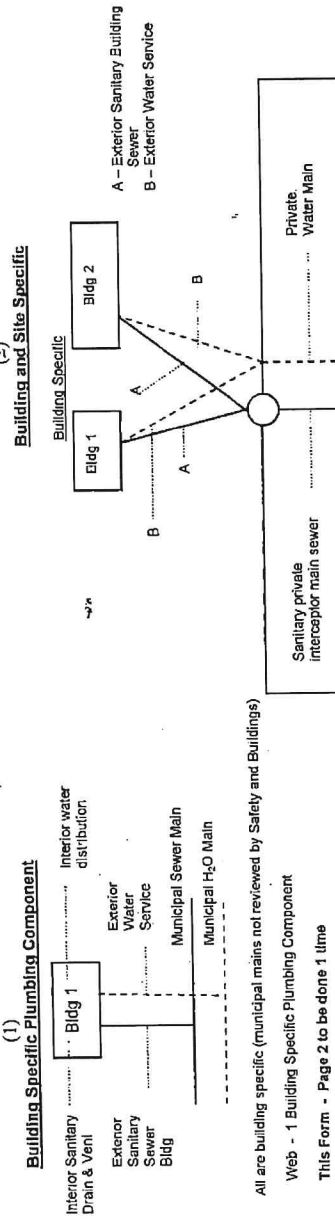
Contact the Industry Services Division for individual submittal requirements for all of the above.

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.

# 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



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