



City of
Appleton
Inspections
Division

Application for General Plumbing Plan Review

General Plumbing

-Complete all pages-

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

1. 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 www.appleton.org for the most current version of this form. We may re-distribute plans to another office if needed to reasonably balance turnaround times.

Previously Related Transaction # _____

OFFICE USE:

Trans

ID:

Assigned

Reviewer:

Assigned

Office:

Reviewer Start Date*:

2. Project Information – Fill in all known information

Project/Site Name _____

Number & Street _____

County: () Outagamie () Calumet () Winnebago City of Appleton

3. Mailing Information

After plans are reviewed, please: (check all that apply)

___ Call Customer 1, 2, 3 (circle one number)*

___ Mail plans to customer 1, 2, 3, (circle one number)*

___ Requesting party will pick up.

*Refers to customer listed below

4. Complete the following customer information in the boxes below.

Designer Information (Customer 1) (Person who stamped the plan)

First Name Last Name Commerce Customer Number

Company Name

Address

City State Zip + 4 (9 digits)

(Area Code) Phone Number Fax Number

email address

Contact Person or Other, Please Specify (Customer 3)

First Name Last Name Commerce Customer Number

Company Name

Address

City State Zip + 4 (9 digits)

(Area Code) Phone Number Fax Number

email address

Owner Information (Customer 2)

First Name Last Name Commerce Customer Number

Company Name

Address

City State Zip + 4 (9 digits)

(Area Code) Phone Number Fax Number

Make checks payable to: City of Appleton and attach to the application and plans.

___ Invoice Designer, who will be personally responsible for payment.

Designer:

Signature

Total amount due (from page 3) \$ _____

**Minimum Fee \$85.00
(except for Cross Control Connection Registrations
in Non-Health Care and related facilities) - \$30.00**

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

5. BUILDING SPECIFIC INFORMATION

New Addition/Alteration Revision to Previously Approved plan where approved construction has not been completed Sovent/Provent, 13D Multi Purpose Piping & siphonic roof drain systems must be submitted to the Madison office. Structure is greater or equal to 5 stories in height Project is Apartment/Condo only Healthcare and Related Facility Multiple identical buildings Number of identical buildings being submitted _____
 (NOTE: Buildings must be on same site)

Indicate Building/Tenant Designation for Each Building and/or Tenant Space (Attach Additional Pages if Necessary)		
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
Indicate here the total number of interior fixtures, including roof drains and hose bibs being submitted for this building.		TOTAL # _____

6. BUILDING SPECIFIC SANITARY:
 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 Sanitary Drain and Vent System and Exterior Sanitary Building Sewer	Diameter of sanitary building sewer(s) in inches. _____ x \$50.00	
2. <input type="checkbox"/> Interior Sanitary Drain and Vent system only	Diameter of sanitary building sewer, in inches, required to serve the building. _____ x \$50	
3. <input type="checkbox"/> Exterior Sanitary Building Sewer(s) only	Diameter of sanitary building sewer(s) in inches. _____ x \$30.00	
4. <input type="checkbox"/> Interior Sanitary Drain and Vent system 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 Sanitary Building Sewers serving the single building, and the interior Sanitary Drain and Vent system	_____ DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
6. <input type="checkbox"/> Interior Sanitary Drain and Vent System with multiple building drains exiting the building, no exterior sanitary building sewers	_____ DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	

7. BUILDING SPECIFIC WATER:
 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	

8. Indicate the number of items below included with this submittal.

<input type="checkbox"/> Grease Interceptor	Number of Grease Interceptors... _____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Garage Catch Basin	Number of Garage Catch Basins... _____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Oil Interceptor	Number of Oil Interceptors... _____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Car Wash Interceptor	Number of Car Wash Interceptors... _____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Sanitary Dump Station	Number of Sanitary Dump Stations... _____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Mixed Wastewater Holding Device	Number of Mixed Wastewater Holding Devices... _____ x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Chemical System (Not Eyewash or emergency showers)	Number of Chemical Systems... _____ x \$85.00, no additional fee is submitted with Sanitary Drain & Vent	
<input type="checkbox"/> Cross Connection Control Assemblies in Health Care and Related Facilities to be reviewed (List on Page 7)	Number of Cross Connection Control Assemblies... _____ x \$170	
<input type="checkbox"/> Request to Register Cross Connection Control Assemblies in Non-Health Care and Related Facilities (List on Page 7)	Number of Cross Connection Control Assemblies... _____ x \$30	
<input type="checkbox"/> Water treatment device addressing regulated contaminants (submit to Madison only)	\$160.00 minimum for each water treatment/reuse system. (NOTE: Additional fees will be charged at \$80/hr if review time exceeds 2 hours.)	
<input type="checkbox"/> Water Reuse System - Submit to Madison or Waukesha <input type="checkbox"/> Graywater/ Blackwater/Stormwater <input type="checkbox"/> Subsurface/ Infiltration		

Page Fee Subtotal _____

_____ Number of identical buildings X above Fee Subtotal. Fee Subtotal (carry to bottom of Page 3) _____

9. SITE SPECIFIC INFORMATION:			
Check and complete diameter information if included in this submittal		Fee Computations (doubled for installation without approval) (Check appropriate box and make fee computation)	Required Fee
STORM - All storm piping is considered site specific If the plan includes subsurface infiltration, submit only to Madison, Hayward, or Waukesha			
Indicate total number of exterior fixtures such as storm drain inlets submitted with this application _____ Check all that apply: <input type="checkbox"/> Interior storm drain system with a clearwater drain system (If submitting interior storm <u>only</u> , use the roof area to determine the drainage area for fees.) <input type="checkbox"/> Interior storm drain system without a clearwater drain system (If submitting interior storm <u>only</u> , use the roof area to determine the drainage area for fees.) <input type="checkbox"/> Storm Building Sewer <input type="checkbox"/> Storm Private Interceptor Main Sewer		Drainage area served by the storm plumbing system is: (Check one and enter corresponding information) A. <input type="checkbox"/> Less than or equal to 1 acre drainage to the plumbing system with a single discharge point _____ diameter at discharge point in inches X \$15/inch B. <input type="checkbox"/> Less than or equal to 1 acre drainage to the plumbing system with multiple discharge points _____ Total GPM discharge. See Table 3 on next page. to convert GPM to a fee C. <input type="checkbox"/> Greater than 1 acre drainage to the plumbing system. Acres _____ See Table 4 on next page to convert acres to a fee. NOTE: Maintenance plan submittal required	
<input type="checkbox"/> Storm water and/or clear water Subsurface Infiltration for Public Building submitted with or without a storm piping system Storm System Infiltration Volume (gal) _____ Select Madison, Waukesha or Hayward offices for plans with infiltration and other plumbing systems.		<input type="checkbox"/> If this submittal is infiltration WITH storm, indicate \$200.00 in the fee column. <input type="checkbox"/> 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 \$200.00 and enter the total fee in the fee column.	
<input type="checkbox"/> Clearwater drain system <u>without</u> an interior storm drain system		\$15.00/inch diameter of each clearwater drain system Inches _____ X \$15/inch	
SANITARY			
<input type="checkbox"/> Submittal of Sanitary Private Interceptor Main Sewer Indicate the number of independent connections to the municipal sewer or POWTS		Sum of largest PIMS diameters in inches.. ___x \$30/inch (Compute for each independent system and total.)	
WATER			
<input type="checkbox"/> Private Water Main Indicate the number of independent connections to the municipal water main or well pressure tank		Sum of water main diameters in inches.. ___x \$30/inch (Compute for each independent system and total.)	
10. If the submittal is for a Mobile/Manufactured Home Community and/or Campground/Recreational Vehicle Park, indicate the number of sites and enter fee:			
Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park	Required Fee	Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park	Required Fee
<input type="checkbox"/> 1-25 Sites	\$300.00	<input type="checkbox"/> 51-125 Sites	\$400.00
<input type="checkbox"/> 26-50 Sites	\$350.00	<input type="checkbox"/> Greater than 125	\$500.00
Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park submittal includes:			
<input type="checkbox"/> Sanitary Dump Station		<input type="checkbox"/> Exterior Water Service	
<input type="checkbox"/> Exterior Sanitary Sewer		<input type="checkbox"/> Private Water Main	
<input type="checkbox"/> Sanitary Private Interceptor Main Sewer			
11. OTHER FEES			
<input type="checkbox"/> Plan Approval Extension (1 year maximum)		\$120.00	
<input type="checkbox"/> Revision to previously approved plans (List Regulated Object Number(s) from the approval letter that are being revised)		\$85.00 Required – NOTE: Must be scheduled with office that previously reviewed the plans	
<input type="checkbox"/> Experimental Plumbing System (Submit to Madison Office)		Number of Experimental Plumbing Systems... _____x \$1,000.00	
<input type="checkbox"/> Alternate Plumbing System (Submit to Madison Office)		Number of Alternate Plumbing Systems... _____x \$800.00	
Subtotal From Page 2 (include subtotals from additional Page 2s if used)			
Enter Total Fee Here and at Bottom of First 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

<i>WATER DISTRIBUTION FEE TABLE</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

Do Not Submit This Page as Part of Schedule

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

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:

- Plot plan showing size and pitch of sanitary and/or storm sewer and water.
- 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.
- All plans must be properly signed per SPS 382.20 (4)(c). Plans involving more than one sheet must be **BOUND** into sets.
- For water re-use submittals include information requested in the product approval.
- 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 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.