



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

-Complete all pages-

Date Submitted: _____		Previously Related Transaction #
Plan Type: <input type="checkbox"/> New <input type="checkbox"/> Permission to Start (sections 5 & 15) <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Revision to Previously Approved plan where approved construction has not been completed. (section 15) <input type="checkbox"/> Extension to an approved plan. (section		
Requesting plan review for: (Please check the specific plumbing components below) *Storm systems that include infiltration require a separate plan submittal.		OFFICE USE: Trans ID: _____ Complaint Case #: _____ Assigned Reviewer: _____ Assigned Office: _____ Reviewer Start Date*: _____
Site Specific: <input type="checkbox"/> Sanitary Sewer; (section 13) <input type="checkbox"/> Private Interceptor Main Sanitary Sewer; (section 13) <input type="checkbox"/> Water Service; (section 13) <input type="checkbox"/> Private Water Main; (section 13) <input type="checkbox"/> Storm Sewer*; (section 13) <input type="checkbox"/> Storm Detention*; (section 13) <input type="checkbox"/> Storm Infiltration*; (section 13) <input type="checkbox"/> Storm Inlets* (section 13).	Building Specific: <input type="checkbox"/> Interior Sanitary DWV; (section 7) <input type="checkbox"/> Interior Water Distribution; (section 8) <input type="checkbox"/> Interceptors; (section 9) <input type="checkbox"/> CCC; (section 10) <input type="checkbox"/> Water Treatment; (section 11) Other: <input type="checkbox"/> Campground; (section 14) <input type="checkbox"/> Manufactured Home Park; (section 14)	

2. Project Information – Fill in all known information

Project/Site Name:

Number & Street:

County:

City/Town/Village:

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

- Call Customer 1 2 3
 Mail plans to Customer 1 2 3
 Requesting party will pick up
 Plans to be E-filed – SharePoint User Name is: _____

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

4. Complete the following customer information in the boxes below and on the next page.

Designer Information (Customer 1) (Person who stamped the plan)		<input type="checkbox"/> Invoice Designer, who will be personally responsible for payment. <input type="checkbox"/> Submitter acknowledges that submittal is complete.
Customer ID.		Designer Signature: _____ Total amount due from page 2 \$ _____ Total amount due from page 3 \$ _____ Total amount due from page 4 \$ _____ Total amount due \$ _____ Revenue Code 7657
Last Name		
First Name		
Company Name		
Street Address		
City		
State		
Zip		
Phone Number		
Email Address		

Continue Customer Information and Building Specific Items on Next Pages

Building Owner Information (Customer 2)		Contact Person or Other, Please Specify (Customer 3)	
Customer ID.		Customer ID.	_____
Last Name		Last Name	_____
First Name		First Name	_____
Company Name		Company Name	_____
Street Address		Street Address	_____
City		City	_____
State		State	_____
Zip		Zip	_____
Phone Number		Phone Number	_____
Email Address		Email Address	_____

5. OPTIONAL SERVICE-PERMISSION TO START

Optional Service-of Permission to Start Requested:

As the building owner, I request to begin plumbing installations prior to plan review approval I agree to make any changes required after plans have been reviewed, and to remove or replace any non-code complying construction and make revisions to plans on any changes. I will not permit any installation to exceed 18 inches above the unexcavated floor.

Request is for the following specific plumbing installations:

- Sanitary Sewer;
- Private interceptor main sewer(s);
- Storm Sewer;
- Water service;
- Private water main;
- Interior building drain;
- Interior water service;
- Interior water distribution.

Building Owner's Signature: _____ Date: _____

SUBMIT ADDITIONAL PAGES FOR EACH NON-IDENTICAL BUILDING OR TENANT SPACE

6. BUILDING SPECIFIC INFORMATION

Indicate here the total number of interior fixtures, including roof drains and hose bibs being submitted for this building:

TOTAL #

- Sovent/Provent, 13D Multi-Purpose Piping Siphonic roof drain systems 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 on the same site _____

Indicate Identical 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.

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

7. BUILDING SPECIFIC SANITARY:

Select ONE of the following six options and enter the corresponding diameter or Drainage Fixture Units (DFU) and enter fee

a. <input type="checkbox"/> Interior Sanitary Drain and Vent System and Exterior Sanitary Building Sewer	Diameter of sanitary building sewer(s) in inches _____ x \$50	
b. <input type="checkbox"/> Interior Sanitary Drain and Vent system only	Diameter of sanitary building sewer, in inches, required to serve the building. _____ x \$50	
c. <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 in section 18 to convert DFU to a fee	
d. <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 in section 18 to convert DFU to a fee	
e. <input type="checkbox"/> Interior Sanitary Drain and Vent System with multiple building drains exiting the building. No exterior sanitary sewers	DFU's new, added or relocated See fee Table 1 in section 18 to convert DFU to a fee	
SBD-6154 (R4/18)	Page 2 Fee Subtotal	

8. BUILDING SPECIFIC WATER.

Select ONE of the following six options and enter the corresponding diameter or Gallons Per Minute (GPM) and enter fee

a. <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	
b. <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	
c. <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 in section 18 to convert GPM to a fee	
d. <input type="checkbox"/> Multiple exterior Water Services serving the single building, and the interior Water Distribution system	GPM added or relocated See fee Table 2 in section 18 to convert GPM to a fee	
e. <input type="checkbox"/> Interior Water Distribution system with multiple services exiting the building, no exterior Water Services.	GPM See fee Table 2 in section 18 to convert GPM to a fee	

9. INTERCEPTORS.

* No additional fee if submitted with Sanitary Drain & Vent

Grease Interceptor(s)	*Number of Grease Interceptors x \$85,	
Garage Catch Basin(s)	*Number of Garage Catch Basins x \$85,	
Oil Interceptor(s)	*Number of Oil Interceptors x \$85,	
Car Wash Interceptor(s)	*Number of Car Wash Interceptors x \$85,	
Sanitary Dump Station(s)	*Number of Sanitary Dump Stations x \$85,	
Mixed Wastewater Holding Device(s)	*Number of Mixed Wastewater Holding Devices x \$85,	
Chemical System(s) (No Eyewash or emergency showers)	*Number of Chemical Systems x \$85,	

10. CROSS CONNECTION CONTROL.

Cross Connection Control Assemblies in Health Care and Related Facilities.	Number of Cross Connection Control Assemblies x \$170	
Request to Register Cross Connection Control Assemblies in Non-Health Care Related Facilities	Number of Cross Connection Control Assemblies x \$30	
Exterior cross connection assemblies not within a building.		
List specific information on cross connection control devices in section 16		

SBD-6154 (R618)**Page 3 Fee Subtotal**

12. SITE SPECIFIC INFORMATION.		
Check and complete diameter information if included in this submittal	Fee Computation (doubled for installation without approval) (Check appropriate box and make fee computation.	Required Fee
SITE SPECIFIC SANITARY		
<input type="checkbox"/> Exterior Sanitary Building Sewer(s) only	Diameter of sanitary building sewer(s) in inches _____ x \$30	
<input type="checkbox"/> Submittal of Sanitary Private Interceptor Main Sewer Indicates 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)	
SITE SPECIFIC 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)	
<input type="checkbox"/> Exterior Water Service(s), no interior Water Distribution system	Diameter of exterior water service in inches _____ x \$30	
SITE SPECIFIC STORM: 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 without a clearwater drain system <input type="checkbox"/> Interior storm drain system with a clearwater drain system (If submitting interior storm only, use the roof area to determine drainage area for fees.) <input type="checkbox"/> Storm Building Sewer <input type="checkbox"/> Storm Private Interceptor Main Sewer <input type="checkbox"/> Storm Detention <input type="checkbox"/> Subsurface Infiltration (Bioinfiltration)Storm water and/or clear water for Public Building submitted with or without a storm piping system Storm systems that include infiltration require a separate plan submittal Storm system Infiltration Volume (gal) _____ <input type="checkbox"/> Clearwater drain system <u>without</u> an interior storm drain system	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 in section 18 to convert GPM to fee	
	C. <input type="checkbox"/> Greater than 1-acre drainage to the plumbing system. Acres _____ See Table 4 in section 18 to convert acres to a fee NOTE: Maintenance plan submittal required.	
	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.	
<input type="checkbox"/> Clearwater drain system <u>without</u> an interior storm drain system	\$15/inch diameter of each Clearwater drain system inches _____ x \$15/inch	

13. 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.	<input type="checkbox"/> 51-125 Sites	\$400.	
<input type="checkbox"/> 26-50 Sites	\$350.	<input type="checkbox"/> Greater than 125	\$500.	
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; (For restrooms see sections 7 & 8)				

14. OTHER FEES.		
<input type="checkbox"/> a. Permission to Start	SPS 302.04(2) A fee for Permission to Start be charged at a rate of \$80 per hour (Minimum \$80.00)	
<input type="checkbox"/> b. Plan Approval Extension (1-year maximum)	\$120	
<input type="checkbox"/> c. Revision to previously approved plans (List Regulated Object Number(s) from the approval letter that are being revised)	\$85 Required – NOTE: Must be scheduled with office that previously reviewed the plans.	
<input type="checkbox"/> Experimental Plumbing System	Number of Experimental Plumbing Systems _____ x \$1,000	
<input type="checkbox"/> Alternate Plumbing System	Number of Alternate Plumbing Systems _____ x \$800	
Page 4 Fee Subtotal		

15. PLAN SUBMITTAL REQUIREMENTS.

Plans received without sufficient information to review will cause delays and may be denied.

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 be legible and pertinent to the plumbing installations. 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, water distribution, interior and exterior storm systems. Indicate water supply, drainage fixture units, and storm area drainage with gpm loads with 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. See storm checklist at: <https://dsps.wi.gov/Documents/Programs/Plumbing/SBD10884.pdf>
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. List fixture and plumbing appliance manufacturers, and model numbers.
13. Cut sheets or shop drawings of all fixtures and health care appliances located within a health care facility
14. Fixtures which require water or waste connections may need product approval.
15. Complete sizing calculations for all grease interceptors.

Note:

1. 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.
2. Provent, Solvent, and MPP (multipurpose piping), systems must be submitted in a paper form.

16. 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 <https://apps2.dsps.wi.gov/SBTestRegister/app/rstRegObjectSearch> 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
 Water Supply Source: Check one Municipal Water System Other than municipal,

Assembly Type*	Size	Mfg.	Model #	Specific Location of Assembly	Assembly Is Serving
RP	¾	ACME	002MQT	Rm 219, No wall	Boiler

- PVB (Pressure vacuum breaker)
- RP (Reduced pressure principle backflow preventer)
- RPD (Reduced pressure detector fire protection backflow preventer assembly)
- SVB (Spill resistant vacuum breaker)

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.

Do Not Submit This Page as Part of Schedule Request

17. OTHER FEES.

Table 1

DRAINAGE FIXTURE UNIT (DFU) FEE TABLE		
DFU	Pipe Diameter	Fee
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 3

STORM GALLONS PER MINUTE (GPM) FEE TABLES		
GPM	Pipe Dia.	Fee
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 2

WATER DISTRIBUTION FEE TABLE	
GPM	Fee
1 to 6	\$25.
7 to 12	\$35.
13 TO 21	\$50.
22 TO 31	\$60
32 TO 46	\$75.
47 TO 77	\$100
78 TO 119	\$125.
120 to 170	\$150.
171 to 298	\$175

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