



# E-PLAN EXAM

## Application for Plumbing Plan Review

-Complete all pages-

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

Contact your Municipality to Verify if there are any additional requirements and to verify fee amounts.



For submission of Plumbing plans, applicants may electronically submit at [eplanexam.com/submit-a-project](http://eplanexam.com/submit-a-project) all required plans and documents. Please note, in either format paper or electronic, fees must be made payable to the "E-Plan Exam". For more information regarding fee payments and payment options or any general questions, please contact us at [info@eplanexam.com](mailto:info@eplanexam.com) and we will gladly help! **This form must be used for the submission of all Plumbing Projects requiring review.**

### 1. Project Type (Check all that apply):

- New Construction
- Addition
- Alteration
- Revision to previously Approved plan where approved construction has not been completed.

### 2. Project Information – Fill in all known information

Project/Site Name:	
Number & Street:	
County:	Municipality:

### 3. After plans are approved – the following will occur:

**If plans submitted/approved via Paper Submission:** Plans will be stamped and returned to City Hall Directly for pick up and permit issuance.

**If plans submitted/approved via Electronic Submission:** Plans will be electronically stamped, and Submitter must provide hard copies to Municipality bearing the electronic stamp of the Reviewer. go to [eplanexam.com/submit-a-project](http://eplanexam.com/submit-a-project) to submit today!

In either instance, E-Plan Exam Plan reviewers will contact Submitter to coordinate with Submitter regarding Record/Permit Sets.

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

Designer Information (Customer 1) (Person who stamped the plan)			Owner Information (Customer 2)		
First Name	Last Name	License Number	First Name	Last Name	License Number
Company Name:			Company Name:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip code:
Phone Number (Area Code):			Phone Number (Area Code):		
Email Address:			Email Address:		

Contact Person or Other, Please Specify (Customer 3)			Contact Person or Other, Please Specify (Customer 4)		
First Name	Last Name	License Number	First Name	Last Name	License Number
Company Name:			Company Name:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone Number (Area Code):			Phone Number (Area Code):		
Email Address:			Email Address:		

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

Please make all checks payable to:

**E-Plan Exam** (please verify with your community)

Total amount due (from following pages):

\$ \_\_\_\_\_

**NOTE:**

**Per SPS 382.20-2 as an Agent Municipality the following can be reviewed:**

**Submittals to Department or Agent Municipality Type of Plumbing Installation**

1. New installations, additions, and alterations to drain systems, vent systems, water service systems, and water distribution systems involving 16 or more plumbing fixtures to be installed in connection with public buildings.
2. Grease interceptors to be installed for public buildings.
3. Garage catch basins, carwash interceptors and oil interceptors to be installed for public buildings and facilities.
4. Sanitary dump stations.
5. Piping designed to serve as private water mains.
6. Water supply systems and drain systems to be installed for manufactured home communities and campgrounds.
7. Piping designed to serve as private interceptor main sewers greater than 4 inches in diameter when sized for gravity flow.
8. Chemical waste systems regardless of the number of plumbing fixtures.
9. Stormwater systems, not including infiltration plumbing systems, serving a public building or facility where the drainage area is one acre or more.
10. Mixed wastewater holding device.

**Contact us or DSPS If you have questions comments or concerns about what can and cannot be reviewed by the Agent Municipality and what must be reviewed by the State of Wisconsin DSPS.**

<b>5. BUILDING SPECIFIC INFORMATION</b>		
<input type="checkbox"/> Solvent/Provent (Must submit to DSPS) <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 on the same site _____		
<b>Indicate Identical 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

7. Commercial Plumbing Plan Review Fee Schedule

COMMERCIAL PLAN REVIEW FEE SCHEDULE – PLUMBING				
1. New construction, alterations and remodeling fees are computed per the following table				
2. New construction fee is calculated based on square footage of the area constructed.				
3. Alterations and remodeling fee is based on the number of plumbing fixtures.				
Area (Square Feet) (New Construction & Additions)	Plumbing Plan Review Fee		Number of Fixtures (Alteration, Remodeling and site work)	Plumbing Plan Review Fee
Less than 3,000	\$360		<15	\$240
3,001 - 4,000	\$480		16-25	\$360
4,001 - 5,000	\$660		26-35	\$540
5,001 – 6,000	\$780		36-50	\$660
6,001 – 7,500	\$840		51-75	\$960
7,501 – 10,000	\$1,020		76-100	\$1,080
10,001 – 15,000	\$1,080		101-125	\$1,260
15,001 – 20,000	\$1,140		126-150	\$1,380
20,001 – 30,000	\$1,320		>151	\$1,380
30,001 – 40,000	\$1,500		Plus \$160 for each additional 25 fixtures (rounded up) beyond 150 Fixtures	
40,001 – 50,000	\$1,860			
50,001 – 75,000	\$2,520			
Over 75,000	\$3,000			
Plus \$0.0072 per each additional sq. ft. over 75,000 sq. ft.				
Note:	<b>1. A Plan Entry Fee of \$100.00 shall be submitted with each submittal of plans in addition to the plan review and inspection fees.</b>			
	2. At the Sole discretion of the Supervisor of Building Inspection and Plans Examiner; Fees may be modified, reduced or waived based on scope of services, project type, or other relevant factors.			
Determination of Area	The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories, and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies.			
Resubmittals & revisions to approved plans	When deemed by the reviewer to be a minor revision from previously reviewed and/or approved plans, the review fee shall be \$75.00. Any significant changes or alterations beyond minor amendments as determined by the Plans Examiner and Building Inspection Department may result in additional charges as appropriate.			
Submittal of plans after construction	Where plans are submitted after construction, the standard late submittal fee of \$250.00 will be assessed per each review type that occurred after construction. This is in addition to any other plan entry fees and base fees applied to a project.			
Expedited Priority Plan Review	The fee for a priority plan review, which expedites completion of the plan review in less than the normal processing time when the plan is considered ready for review, shall be 200% of the fees specified in these provisions.			

**8. 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	ABC Manufacturing	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.**

**9. 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.

**\*\*NOTE: THIS FORM IS PLUMBING PLAN REVIEW ONLY. APPROVAL OR APPLICATION DOES NOT AUTOMATICALLY TRANSLATE INTO PERMISSION TO BEGIN CONSTRUCTION ACTIVITIES NOR DOES IT CONSTITUTE A PERMIT. CONTACT THE MUNICIPAL BUILDING INSPECTION DEPARTMENT FOR ADDITIONAL INFORMATION REGARDING PERMITTING AND INSPECTIONS REQUIREMENTS FOR ALL CONSTRUCTION ACTIVITIES ON PUBLIC AND PRIVATE PROPERTY.\*\***