



**City of Sun Prairie**  
**Application for General Plumbing Plan Review and**  
**Cross Connection Assembly Review**

~ Complete all pages ~

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

<h1>General Plumbing</h1>
---------------------------

1. This form is to be used for mailing or dropping off plans. Check our website at [www.cityofsunprairie.com](http://www.cityofsunprairie.com) for the most current version of this form. We may defer plans to DSPS if needed to reasonably balance turnaround times.

You may email technical code questions to [buildinginspection@cityofsunprairie.com](mailto:buildinginspection@cityofsunprairie.com) or [dspsbplbqtech@wi.gov](mailto:dspsbplbqtech@wi.gov).

Plan Type:  New     Permission to start     Addition/Alteration  
 Revision to previously approved plan where approved construction has not been completed

**City of Sun Prairie**  
 Building Inspection Division  
 300 E Main Street  
 Sun Prairie, WI 53590  
 608-825-1184

**2. PROJECT INFORMATION (fill in all known information)**

Project/Site Name: \_\_\_\_\_  
 Number & Street: \_\_\_\_\_  
 City of: \_\_\_\_\_

**3. MAILING INFORMATION**

Call customer     1     2     3 (check one number; refers to customers listed below)  
 Mail plans to customer     1     2     3 (check one number; refers to customers listed below)  
 Requesting customer will pick-up plans

**4. CUSTOMER INFORMATION**

Customer 1: Designer information (person who stamped the plan)	Customer 3: Contact person or other (please specify)
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Customer ID Number: _____	Customer ID Number: _____
Company Name: _____	Company Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Zip + 4 (9 digits): _____	Zip + 4 (9 digits): _____
Phone number (with area code): _____	Phone number (with area code): _____
Email address: _____	Email address: _____

**Customer 2: Owner information**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Customer ID Number: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip + 4 (9 digits): \_\_\_\_\_  
 Phone number (with area code): \_\_\_\_\_  
 Email address: \_\_\_\_\_

**We will invoice party personally responsible for payment**  
**DO NOT SUBMIT PAYMENT WITH THIS APPLICATION**

\_\_\_\_\_

**Responsible party name (print)**

\_\_\_\_\_

**Responsible party signature**

Note: Minimum plumbing plan review fee is \$85.00

<p align="center"><b>Building Inspection Office Use Only:</b></p> <p align="center">Total amount due: \$ _____</p>
--

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

**5. OPTIONAL SERVICE-PERMIT TO START**

Optional service of permission to start requested:  
 As the owner, I request to begin plumbing installations prior to plan review approval. I agree to make any changes required after plans have been reviews. I agree to remove or replace any non-code compliant construction and make revisions plan 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  
**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**6. BUILDING SPECIFIC INFORMATION**

Sovent/provent  13D Multi-purpose piping  Siphonic roof drain systems  Project is apartment/condo only  
 Structure is greater or equal to 5 stories in height  Healthcare and related facility  Multiple identical buildings

Number of identical building being submitted on the same site: \_\_\_\_\_

**Indicate identical building/tenant design 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	Fee computations (doubled for installation without approval) – check appropriate box and enter fee; calculate 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

<input type="checkbox"/> a. Interior <b>sanitary drain and vent</b> system and exterior <b>sanitary building sewer</b>	Diameter of sanitary building sewer(s) in inches _____ x \$50	\$ _____
<input type="checkbox"/> b. Interior <b>sanitary drain and vent</b> system only	Diameter of sanitary building sewer, in inches, required to serve the building _____ x \$50	\$ _____
<input type="checkbox"/> c. Interior <b>sanitary drain and vent</b> 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)	\$ _____
<input type="checkbox"/> d. Multiple exterior <b>sanitary building sewers</b> serving the single building and the interior <b>sanitary drain and vent</b> system	DFU's new, added or relocated (see fee table 1 on page 4 to convert DFU to a fee)	\$ _____
<input type="checkbox"/> e. Interior <b>sanitary drain and vent</b> system 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)	\$ _____

**8. BUILDING SPECIFIC WATER**

Select ONE of the following six options and enter the corresponding diameter or gallons per minute (GPM) and enter fee

<input type="checkbox"/> a. 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	\$ _____
<input type="checkbox"/> b. Interior water distribution system, no exterior water service	Diameter of interior water distribution immediately after the meter or a the building control valve in inches _____ x \$50	\$ _____
<input type="checkbox"/> c. 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)	\$ _____
<input type="checkbox"/> d. 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)	\$ _____
<input type="checkbox"/> e. 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)	\$ _____

**Page Fee Subtotal** \$ \_\_\_\_\_

9. BUILDING SPECIFIC STORM		
Check appropriate box and make fee computation		
<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"/> a. 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	\$ _____
<input type="checkbox"/> Interior storm drain system without a Clearwater drain system (if submitted interior storm <u>only</u> use the roof area to determine the drainage area for fees)	<input type="checkbox"/> b. 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 fee)	\$ _____
	<input type="checkbox"/> c. Greater than 1 acre drainage to the plumbing system _____ acres	\$ _____
10. SITE SPECIFIC INFORMATION		
Check appropriate box and make fee computation		
Check and complete diameter information if included on this submittal	Fee computation (doubled for installation without approval)	<b>Required Fee</b>
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: 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)	\$ _____
<input type="checkbox"/> Exterior water service(s): no interior water distribution system	Diameter of exterior water service in inches _____ x \$30	\$ _____
STORM		
Indicate total number of exterior fixtures such as storm drain inlets submitted with this application _____ <b>Check all that apply:</b>	<b>Drainage area</b> served by the storm plumbing system is (check one and enter corresponding information)	
<input type="checkbox"/> Storm building sewer	<input type="checkbox"/> a. 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	\$ _____
<input type="checkbox"/> Storm private interceptor main sewer	<input type="checkbox"/> b. 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 fee)	\$ _____
<input type="checkbox"/> Subsurface infiltration (bio-infiltration), storm water and/or Clearwater for public building submitted with or without a storm piping system Storm system infiltration volume (gal) _____	<input type="checkbox"/> c. Greater than 1 acre drainage to the plumbing system _____ total acres (see Table 4 on next page to convert acres to a fee) <b>NOTE: Maintenance plan submittal required</b>	\$ _____
	<input type="checkbox"/> If submitting infiltration WITH storm, indicate \$200 in the fee column <input type="checkbox"/> If submitting infiltration WITHOUT storm, calculate the corresponding fee in a, b or c above (as if 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	<input type="checkbox"/> d. \$15/inch diameter of each Clearwater drain system inches _____ x \$15/inch	\$ _____

<b>11. INTERCEPTORS</b>				
* No additional fee if submitted with sanitary drain & vent *				
<input type="checkbox"/> Grease interceptor(s)	* Number of grease interceptor(s) _____ x \$85			\$ _____
<input type="checkbox"/> Garage catch basin(s)	* Number of garage catch basin(s) _____ x \$85			\$ _____
<input type="checkbox"/> Oil interceptor(s)	* Number of oil interceptor(s) _____ x \$85			\$ _____
<input type="checkbox"/> Car wash interceptor(s)	* Number of car wash interceptor(s) _____ x \$85			\$ _____
<input type="checkbox"/> Sanitary dump station(s)	* Number of sanitary dump station(s) _____ x \$85			\$ _____
<input type="checkbox"/> Mixed wastewater holding device(s)	* Number of mixed wastewater holding device(s) _____ x \$85			\$ _____
<input type="checkbox"/> Chemical system(s) – no eye wash emergency showers	* Number of chemical system(s) _____ x \$85			\$ _____
<b>12. CROSS CONNECTION CONTROL ASSEMBLIES</b>				
Request to reviewer: Cross connection control assemblies in <b>non-healthcare related facilities</b>		Number of cross connection control assemblies _____ x \$30		\$ _____
<b>Page fee subtotal</b>				\$ _____
Number of identical buildings "X" above fee subtotal (carry to bottom of next page)				
<b>13. SPECIFIC WATER TREATMENT</b>				
Water treatment device addressing regulated contaminants*		* SPS 302.04(1) Requires a plan review fee to be charged at the rate of \$80.00 per hour for each water treatment/reuse system plan review		\$ _____
Water treatment system for compliance to SPS 382.70*		* SPS 302.04(2) An assessment fee for an inspection to be charged at a rate of \$80.00 per hour		\$ _____
Water reuse system				
<input type="checkbox"/> Graywater/blackwater/stormwater		<input type="checkbox"/> Subsurface/infiltration		
<b>14. MOBILE/MANUFACTURED HOME COMMUNITY AND/OR CAMPGROUND/RECREATIONS VEHICLE PARK</b>				
Indicate the number of sites and enter fee				
Mobile/manufactured home community and/or campground/recreational vehicle park	Required Fee	Mobile/manufactured home community 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 Community 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				
<b>15. OTHER FEES</b>				
<input type="checkbox"/> a. Permission to start		SPS 203.04(2) An assessment fee for an inspection to be charged at a rate of \$80.00 per hour (minimum fee \$80)		\$ _____
<input type="checkbox"/> b. Plan approval extension (1 year maximum)		\$ 120		\$ _____
<input type="checkbox"/> c. Revision to previously approved plans ( <b>list regulated object(s) being revised from the approval letter</b> )		\$85 required NOTE: Must be scheduled with office that previously reviewed plans		\$ _____
<b>Page 4 fee subtotal</b>				\$ _____
<b>Page 2 fee subtotal – include subtotals from additional page(s)</b>				\$ _____
<b>Page 3 fee subtotal – include subtotals from additional page(s)</b>				\$ _____
<b>Page 1 fee subtotal</b>				\$ _____
<b>Total fees (include all subtotals from above)</b>				\$ _____

**Table 1**

<b>DRAINAGE FIXTURE UNIT (DFU) FEE TABLE</b>		
<b>DFU</b>	<b>Pipe Diameter</b>	<b>Fee (diameter x \$50.00)</b>
1	1 1/4	\$50.00
2-3	1 1/2	\$65.00
4-6	2	\$75.00
7-20	3	\$150.00
21-160	4	\$200.00
161-360	5	\$250.00
361-620	6	\$300.00
621-1400	8	\$400.00
1401-2500	10	\$500.00
2501-3900	12	\$600.00

**Table 3**

<b>STORM GALLONS PER MINUTE (GPM) FEE TABLE</b>		
<b>GPM</b>	<b>Diameter</b>	<b>Fee (diameter x \$15.00/inch)</b>
1-50	3	\$45.00
51-115	4	\$60.00
116-195	5	\$75.00
196-320	6	\$90.00
321-700	8	\$120.00
701-1300	10	\$150.00
1301-2200	12	\$180.00
2201-4050	15	\$225.00
4051-6700	18	\$270.00
6701-9880	21	\$315.00
9881-14700	24	\$360.00

**Table 2**

<b>WATER DISTRIBUTION FEE TABLE</b>	
Table 302.64-2	
<b>GPM</b>	<b>Fee</b>
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 4**

<b>STORM AREA FEE TABLE</b>	
43,560 square feet = 1 acre	
<b>Acres (area drained to a plumbing system)</b>	<b>Fee</b>
Greater than 1 to 5	\$350.00
Greater than 5 to 15	\$500.00
Greater than 15	\$600.00

16. CROSS CONNECTION CONTROL ASSEMBLY INFORMATION								
Registering cross connection control (CCC) assemblies (except for healthcare and related facilities) and reporting test results can be done online for reduce a fee at <a href="http://dsps.wi.gov/Online-Services/Industry-Services/Cross-Connection-Control-Assembly/">http://dsps.wi.gov/Online-Services/Industry-Services/Cross-Connection-Control-Assembly/</a> . All assemblies shown on plan <u>must</u> be registered with this submittal. If the assembly is already registered prior to review of the plans, indicate the regulated object number below.								
Water supply source: check one <input type="checkbox"/> Municipal water system <input type="checkbox"/> Other than municipal, non-community or private water system (see NR <a href="#">811</a> and <a href="#">812</a> for definitions.)								
Regulated Object Number	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

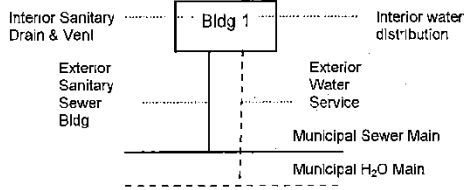
**NOTE: Be aware that state plan review and approval is separate from local permits. Always check with the local municipality and county for their requirements.**  
 Per SPS 382.20(6), one set of approved plans shall be kept at the construction site.

<b>17. PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORDANCE WITH CODE SECTION SPS 382.20</b>
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.
<b>Plans shall include:</b>
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 accordance 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 <b>BOUND</b> into sets)
11. For water re-use submittals, include information requested in the product approval
12. Complete sizing calculations for all grease interceptors
<b>18. OTHER POTENTIAL PLAN SUBMITTALS REQUIRED FOR A PROJECT</b>
1. Petition for variance – submit form SBD-9890-X
2. Private sewage systems under SPS 381-385
3. Buildings under SPS 361-366
4. Elevators or escalators under SPS 318
5. Swimming pools or other aquatic centers within a commercial/public facility under chapter SPS 390
6. Tank storage of 5,000 gallons or more of flammable or combustible liquids under SPS 310
7. Fixtures which require water or waste connections may need product approval
8. There is no state electrical plan review
9. UDC permit information and application packet available online 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>
<b>Contact the Industry Services Division for individual submittal requirements for all of the above</b>
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 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**

(1)  
**Building Specific Plumbing Component**

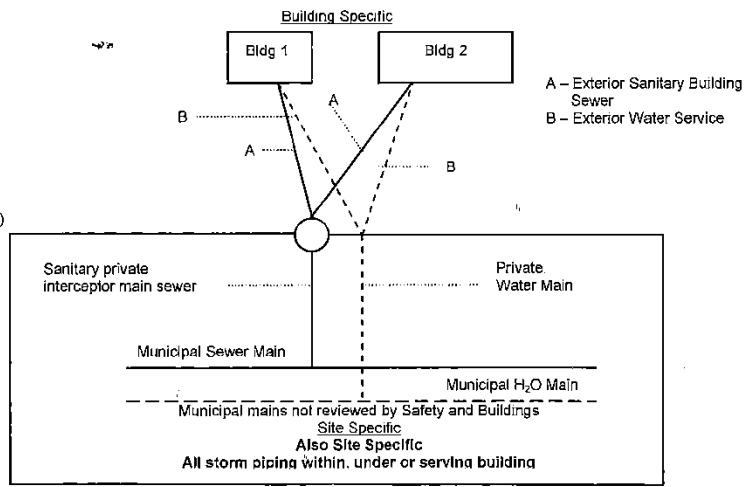


All are building specific (municipal mains not reviewed by Safety and Buildings)

Web - 1 Building Specific Plumbing Component

This Form - Page 2 to be done 1 time

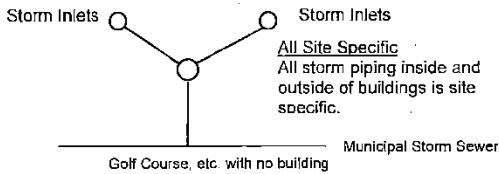
(2)  
**Building and Site Specific**



Web - 2 Building Specific Plumbing Components  
1 Site Specific Plumbing Component

This Form - Page 2 to be done 2 times Page 3 to be done 1 time

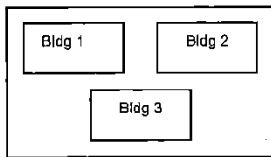
(3)  
**Site Specific Storm**



Web - 0 Building Specific Plumbing Component  
1 Site Specific Plumbing Component

This Form - Page 3 to be done 1 time. Also, if cross connection assemblies, complete pages 2 and 5.

(4)

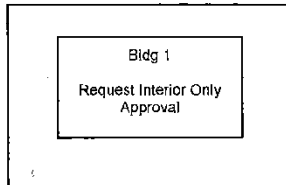


Request Interior and Exterior Approval

Web - 3 Identical Building Plumbing Components  
1 Site Specific Plumbing Component

All storm is site specific  
This Form - Page 2 to be done 1 time Page 3 to be done 1 time

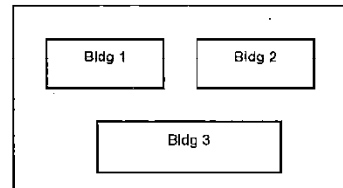
(5)



Web - 1 Building Specific Plumbing Component  
0 Site Specific Plumbing Component

This Form - Page 2 to be done 1 time

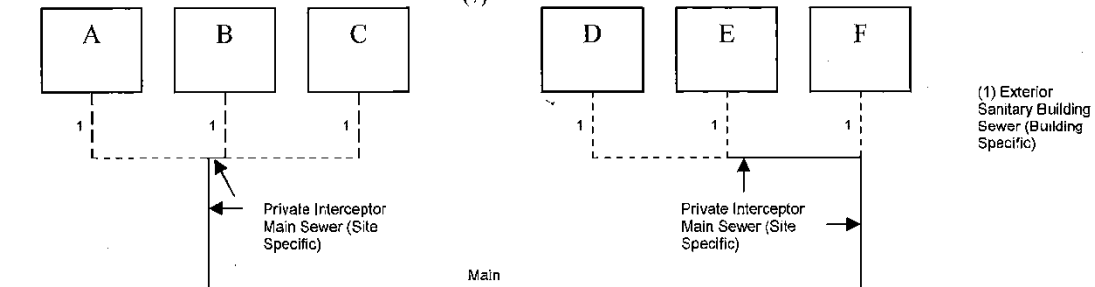
(6)



Request Interior and Exterior Approval  
Web - 2 Identical Building Specific Plumbing Components  
1 Non-Identical Building Specific Plumbing Component  
1 Site Specific Plumbing Component

This Form - Page 2 to be done 2 times Page 3 to be done 1 time

(7)



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.