



City of Middleton
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.]

General Plumbing
Fees Must be Paid Prior to Review
Failure to Submit Items Listed in #15 Below May Result in Delays

1. This form is to be used for plumbing plan reviews. Check our website at www.cityofmiddleton.us 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@cityofmiddleton.us

Plan Type: New Addition/Alteration

Revision to previously approved plan where approved construction has not been completed

City of Middleton
 Building Inspection Division
 7426 Hubbard Ave.
 Middleton, WI 53562
 (608) 821-8370
buildinginspection@cityofmiddleton.us

2. PROJECT INFORMATION (fill in all known information)

Project/Site Name: _____

Number & Street: _____

City of: _____

3. PLAN SUBMITTAL INFORMATION

Digital Stamped Adobe Acrobat PDF plans shall be submitted to the Department for review. Plans shall not be locked for editing. Plans shall be scaled, depending on plan size you may need to arrange for cloud drive transfer of plans. Once we approve the plans they will be locked to "read only". We will return a digital copy of the sealed approved plans to the submitter to print out and supply to the job site.

4. CUSTOMER INFORMATION

Customer 1: Designer information (person who stamped the plan)

First Name: _____

Last Name: _____

Customer ID Number: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip + 4 (9 digits): _____

Phone number (with area code): _____

Email address: _____

Customer 3: Contact person or other (please specify)

First Name: _____

Last Name: _____

Customer ID Number: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip + 4 (9 digits): _____

Phone number (with area code): _____

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: _____

Payment must be received PRIOR to Review

Balance due will be invoiced to Responsible Party

Responsible party name (print)

Responsible party signature

Note: Minimum plumbing plan review fee is \$100.00

Building Inspection Office Use Only:

Total amount due: \$ _____

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

TOTAL #: _____

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

5. BUILDING SPECIFIC INFORMATION

- 13D Multi-purpose piping
 Project is apartment/condo only
 Item listed on Table 382.20-1 Shall be submitted to DSPS
 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

6. 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 sanitary drain and vent system and exterior sanitary building sewer	Diameter of sanitary building sewer(s) in inches _____ x \$50	\$ _____
<input type="checkbox"/> b. Interior sanitary drain and vent system only	Diameter of sanitary building sewer, in inches, required to serve the building _____ x \$50	\$ _____
<input type="checkbox"/> c. 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)	\$ _____
<input type="checkbox"/> d. 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)	\$ _____
<input type="checkbox"/> e. 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 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

<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 at 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 \$ _____

8. 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	\$ _____
9. 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)	Required Fee
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 _____ Check all that apply:	Drainage area 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"/> Storm private interceptor main sewer	<input type="checkbox"/> c. Greater than 1-acre drainage to the plumbing system. See Table 4 in section 18 to convert acres to a fee NOTE: Maintenance plan submittal required.	\$ _____
<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	\$ _____

10. INTERCEPTORS				
* 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			\$ _____
11. CROSS CONNECTION CONTROL ASSEMBLIES				
Request to reviewer: Cross connection control assemblies in non-healthcare related facilities		Number of cross connection control assemblies _____ x \$30		\$ _____
Page fee subtotal				\$ _____
Number of identical buildings "X" above fee subtotal (carry to bottom of next page)				
12. MOBILE/MANUFACTURED HOME COMMUNITY AND/OR CAMPGROUND/RECREATIONS VEHICLE PARK				
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				
13. OTHER FEES				
<input type="checkbox"/> a. Revision to previously approved plans (list regulated object(s) being revised from the approval letter)		\$100 required NOTE: Must be scheduled with office that previously reviewed plans		\$ _____
<input type="checkbox"/> b. Plan approval extension (1 year maximum)		\$ 120		\$ _____
				\$ _____
				\$ _____
Page 4 fee subtotal				\$ _____
Page 2 fee subtotal – include subtotals from additional page(s)				\$ _____
Page 3 fee subtotal – include subtotals from additional page(s)				\$ _____
Page 1 fee subtotal				\$ _____
Total fees (include all subtotals from above)(minimum fee is \$100)				\$ _____

Table 1

DRAINAGE FIXTURE UNIT (DFU) FEE TABLE		
DFU	Pipe Diameter	Fee (diameter x \$50.00)
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

STORM GALLONS PER MINUTE (GPM) FEE TABLE		
GPM	Diameter	Fee (diameter x \$15.00/inch)
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

WATER DISTRIBUTION FEE TABLE	
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 4

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

14. 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 <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.

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 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

15. PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING:

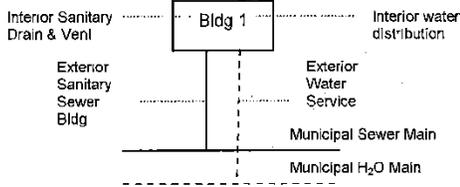
Stamped complete set of plumbing plans and specifications submitted in Adobe Acrobat PDF format (including detailed information on types of materials and fixtures)
 Completed application with contact information
 Incomplete submittals will result in delays
Attached Checklist must be filled out and signed or plans will be rejected
 Make sure your submittal is complete!

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

**TYPICAL EXAMPLES OF BUILDING SPECIFIC/SITE SPECIFIC
INDICATED TASKS ARE FOR COMPLETING FORM PAGES AND WEB SCHEDULING**

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INDICATED TASKS ARE FOR COMPLETING FORM PAGES AND WEB SCHEDULING**

(1)
Building Specific Plumbing Component

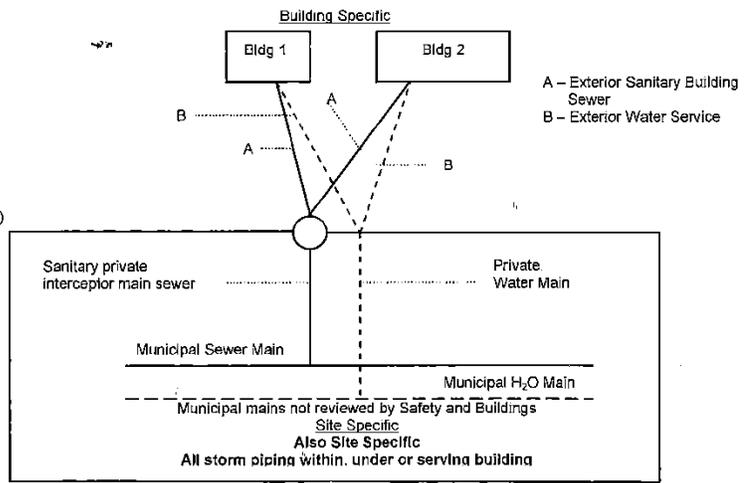


All are building specific (municipal mains not reviewed by Safety and Buildings)

Web - 1 Building Specific Plumbing Component

This Form - Page 2 to be done 1 time

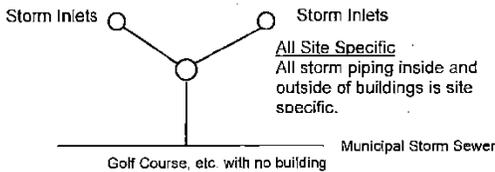
(2)
Building and Site Specific



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

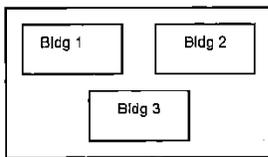


All Site Specific
All storm piping inside and outside of buildings is site specific.

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)

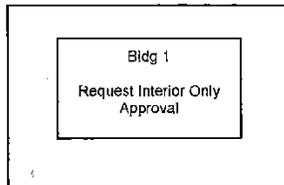


Request Interior and Exterior Approval

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

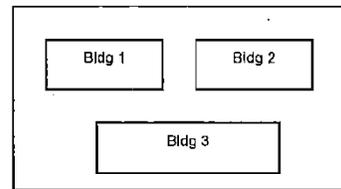
(5)



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

This Form - Page 2 to be done 1 time

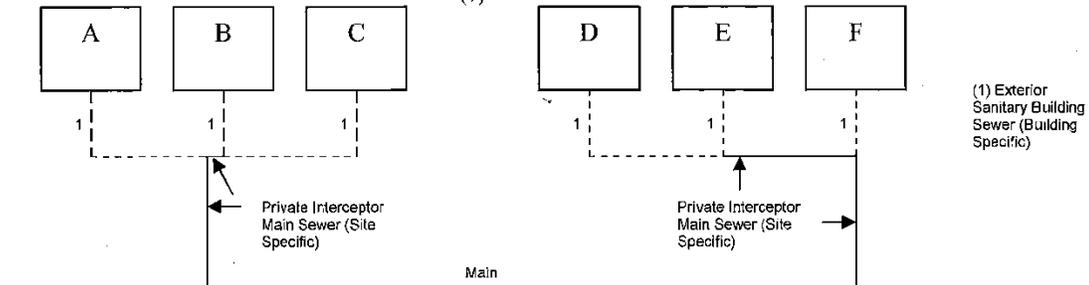
(6)



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.



Scheduling Plumbing Plan Review and Checklist for General Plumbing Plan Review Summary Sheet

Section 1. Paper plan submittals are no longer accepted by the Department.

This form is to be included as a summary sheet for electronic plumbing plan submittals

Date of Application: _____

Check all that is applicable: Plan Type: New Permission to Start
Addition/Alteration Revision to Previously Approved plan where approved
construction has not been completed. Extension to an approved plan.

Complete set of plans and full payment are required with submitted applications.

Requesting plan review for: (Please check the specific plumbing equipment below)

- | | | |
|--|--|---|
| <input type="checkbox"/> Building Drain & Vent, Sanitary
<input type="checkbox"/> Building Drain & Vent, Storm
<input type="checkbox"/> Building Sewer, Sanitary
<input type="checkbox"/> Building Sewer, Storm
<input type="checkbox"/> Campground/Recreational Vehicle Park
Drainage System, Sanitary
<input type="checkbox"/> Campground/Recreational Vehicle Park
Drainage System, Storm
<input type="checkbox"/> Campground/Recreational Vehicle Park
Water Supply System
<input type="checkbox"/> Car Wash Interceptor
<input type="checkbox"/> Chemical Waste System
<input type="checkbox"/> Controlled Roof Drain Engineered
System
<input type="checkbox"/> Exterior Containment Tank
<input type="checkbox"/> Exterior Cross Connection Control
Assembly, Health Care
<input type="checkbox"/> Exterior Cross Connection Control
Assembly, Non-Health Care
<input type="checkbox"/> Exterior Grease Interceptor
<input type="checkbox"/> Exterior mixed wastewater treatment
device
<input type="checkbox"/> Exterior Non-Potable Water System
<input type="checkbox"/> Exterior Oil Interceptor
<input type="checkbox"/> Exterior Potable Water Tank | <input type="checkbox"/> Exterior Wastewater Treatment
Device, Storm
<input type="checkbox"/> Garage Catch Basin
<input type="checkbox"/> Interior Containment Tank
<input type="checkbox"/> Interior Cross Connection Control
Assembly, Health Care
<input type="checkbox"/> Interior Cross Connection Control
Assembly, Non-Health Care
<input type="checkbox"/> Interior Grease Interceptor
<input type="checkbox"/> Interior Mixed Wastewater Treatment
Device
<input type="checkbox"/> Interior Non-Potable Water System
<input type="checkbox"/> Interior Oil Interceptor
<input type="checkbox"/> Interior Potable Water Tank
<input type="checkbox"/> Interior Wastewater Treatment Device
<input type="checkbox"/> Manufactured Home Community
Water Supply System
<input type="checkbox"/> Multipurpose Piping System
<input type="checkbox"/> Private Interceptor Main Sewer,
Sanitary
<input type="checkbox"/> Private Interceptor Main Sewer, Storm
<input type="checkbox"/> Private Water Main
<input type="checkbox"/> Provent Engineered System
<input type="checkbox"/> Pure Water System
<input type="checkbox"/> Regulated Contaminant Water
Treatment – Arsenic | <input type="checkbox"/> Regulated Contaminant Water
Treatment – Bacteria
<input type="checkbox"/> Regulated Contaminant Water
Treatment – Nitrate
<input type="checkbox"/> Regulated Contaminant Water
Treatment – Other
<input type="checkbox"/> Regulated Contaminant Water
Treatment – Radium
<input type="checkbox"/> Sanitary Dump Station
<input type="checkbox"/> Siphonic Roof Drain Engineered System
<input type="checkbox"/> Sovent Engineered System
<input type="checkbox"/> Storm Detention System
<input type="checkbox"/> Storm Subsurface Infiltration Plumbing
<input type="checkbox"/> Water Distribution System
<input type="checkbox"/> Water Reuse – Blackwater
<input type="checkbox"/> Water Reuse - Clearwater
<input type="checkbox"/> Water Reuse – Graywater
<input type="checkbox"/> Water Reuse – Stormwater
<input type="checkbox"/> Water Service
<input type="checkbox"/> Water Treatment – .5 Chlorine
<input type="checkbox"/> Water Treatment – Chloramine
<input type="checkbox"/> Water Treatment – Chlorine Dioxide
<input type="checkbox"/> Water Treatment – Silver/Copper
<input type="checkbox"/> Water Treatment – Thermal
<input type="checkbox"/> Water Treatment – Ultrafiltration
<input type="checkbox"/> Water Treatment – Ultraviolet System |
|--|--|---|

Section 2. PLAN SUBMITTAL REQUIREMENTS.

PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORD WITH CODE SECTION SPS 382.20.

A complete set of plumbing plans and specifications. Incomplete submittals will be rejected. **Please check the boxes below to ensure your plan submittal is complete.**

Plans shall be legible and pertinent to only plumbing installations. Plans are required to be submitted in a single PDF. All supporting documents shall be provided under "submit additional documentation" (in the eSLA dashboard). Plan documents shall be submitted in the order of the following checklist:

1. Plan Index
2. Plot/site plan showing size and pitch of sanitary sewer(s), storm sewer(s) and water service(s).
3. Exterior storm, 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. Refer to storm checklist at:
 - <https://dpsps.wi.gov/Documents/Programs/Plumbing/SBD10884.pdf>
 - Include completed Storm summary worksheet See: [\(Storm summary link\)](#)
 - For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
4. Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.
5. 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.
6. Complete water calculations in accord with SPS 382.40 (7).
7. Complete storm drain sizing calculations in accordance with SPS 382.36 (5).
8. Remodeling or additions shall include existing loads.
9. All plans must be properly signed per SPS 382.20 (4)(c).
10. For water re-use submittals include information requested in the product approval.

- 11. List fixture and plumbing appliance manufacturers, and model numbers.
- 12. Cut sheets or shop drawings of all fixtures and health care appliances located within a health care facility
- 13. Fixtures which require water or waste connections may need product approval.
- 14. Complete sizing calculations for all grease interceptors.
- 15. Identify specific materials for installations as listed in SPS 384
- 16. Summary sheet (this form).

- Submitter acknowledges that the submittal is complete.**
- Submitter acknowledges that any additional information requested to complete review will be received by the Department within five (5) business days or the plan is subject to denial.**

Submitter's signature:

Date: