

## City of Kenosha



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



-Complete all pages-

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

<p><b>Instructions for Plan Review Submittal:</b></p> <ol style="list-style-type: none"> <li>1. This form must be filled out for submittal of all Plumbing projects needing review.</li> <li>2. Send the application and correct fees to City of Kenosha Inspections 625 52nd Street, Room 100, Kenosha, Wisconsin, 53140. Make checks payable to City of Kenosha.</li> <li>3. Email the application and the plans in electronic format to kvokovitch@safebuilt.com.</li> </ol> <p>If you have any questions, or you are unable to provide plans in electronic/digital format, please contact the City of Kenosha at 262.653.4263.</p>	<p><b>Project Type (Check all that apply):</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Alteration</p> <p><input type="checkbox"/> Revision to previously Approved plan where approved construction has not been completed. (See section 15)</p>
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**2. Project Information – Fill in all known information**

Project/Site Name:	
Number & Street:	
County: <b>Kenosha</b>	Municipality: <b>City of Kenosha</b>

**3 After plans are reviewed, please:**

Call Customer     1     2     3     4 (Check one number of customers listed below)

**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:**                      **City of Kenosha**

**Total amount due (from following pages): \$** \_\_\_\_\_

**Minimum Fee for all Plumbing Plan Reviews:**                      **\$85.00**

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

**5. BUILDING SPECIFIC INFORMATION**

Solvent/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

**6. 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 <b>Sanitary Drain and Vent System</b> and Exterior <b>Sanitary Building Sewer</b>	Diameter of sanitary building sewer(s) in inches _____ x \$50	
b. <input type="checkbox"/> Interior <b>Sanitary Drain and Vent</b> system only	Diameter of sanitary building sewer, in inches, required to serve the building. _____ x \$50	
d. <input type="checkbox"/> 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	
e. <input type="checkbox"/> Multiple exterior <b>Sanitary Building Sewers</b> serving the single building, and the interior <b>Sanitary Drain and Vent system</b>	DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
f. <input type="checkbox"/> Interior <b>Sanitary Drain and Vent System</b> 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

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	
d. <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	
e. <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	
f. <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	
<b>Page Fee Subtotal</b>		_____

Fee Schedule Computation Continues on Page 3

**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"/> 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.)	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 fee	
	C. <input type="checkbox"/> Greater than 1 acre drainage to the plumbing system. Acres	

**9. 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
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**SANITARY**

<input type="checkbox"/> Exterior <b>Sanitary Building Sewer(s)</b> only	Diameter of sanitary building sewer(s) in inches _____ x \$30	
<input type="checkbox"/> Submittal of <b>Sanitary Private Interceptor Main Sewer</b> 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)	

WATER		
<input type="checkbox"/> <b>Private Water Main</b> 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 _____	<u>Drainage area</u> served by the storm plumbing system is (check one and enter corresponding information)	
<b>Check all that apply:</b>  <input type="checkbox"/> <b>Storm Building Sewer</b>  <input type="checkbox"/> <b>Storm Private Interceptor Main Sewer</b>  <input type="checkbox"/> <b>Subsurface Infiltration (Bioinfiltration) Storm water and/or clear water for Public Building submitted with or without a storm piping syst.</b> Storm system Infiltration Volume (gal) _____  <input type="checkbox"/> <b>Clearwater drain system</b> <u>without</u> an interior storm drain system	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 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.	
	<ul style="list-style-type: none"> <li>• If this submittal is infiltration WITH storm, indicate \$200 in the fee column.</li> <li>• 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.</li> </ul>	
	\$15/inch diameter of each Clearwater drain system inches _____ x \$15/inch	

10. Interceptors. <span style="float: right;">* No additional fee if submitted with Sanitary Drain &amp; Vent</span>		
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, n
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,

11. Cross Connection Control Assemblies		
Cross Connection Control Assemblies in <b>Health Care and Related Facilities or State owned buildings to be reviewed</b>	Number of Cross Connection Control Assemblies	x \$170
Request to Register Cross Connection Control Assemblies in <b>Non-Health Care Related Facilities</b>	Number of Cross Connection Control Assemblies	x \$30

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

Number of identical buildings X above Fee Subtotal (carry to bottom of Page 4) \_\_\_\_\_

12. Specific Water Treatment		
Water treatment device addressing regulated contaminants* (submit to Madison only)	SPS 302.04(1). Requires a plan review fee to be charged at a rate of \$80 per hour for each water treatment/reuse system plan review	
Water Treatment System for compliance to 382.70*	*SPS 302.04(2) An assessment fee for an inspection to be charged at a rate of \$80 per hour	
Water Reuse System – Submit to Madison or Waukesha <input type="checkbox"/> Graywater/ Blackwater/Stormwater <input type="checkbox"/> Subsurface/Infiltration		

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

Fee Schedule Computation Continues on Page 4

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 |   |

**14. OTHER FEES**

<input type="checkbox"/> a. Plan Approval Extension (1 year maximum)	\$120	
<input type="checkbox"/> b. Revision to previously approved plans ( <b>List Regulated Object Number(s) from the approval letter that are being revised</b> )	\$85 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	
<input type="checkbox"/> Alternate Plumbing System (Submit to Madison Office)	Number of Alternate Plumbing Systems ____ x \$800	
		<b>Page Fee Subtotal</b>
<b>Subtotal From Page 2 (include subtotals from additional Page 2s if used)</b>		
<b>Subtotal From Page 3(include subtotals from additional Page 2s if used)</b>		
<b>Enter Total Fee Here and at Bottom of First Page</b>		

**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 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 2**

<b>WATER DISTRIBUTION FEE TABLE</b>		
<b>Table 302.64-2</b>		
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	
Acres (area drained to a plumbing system)	Fee
Greater than 1 to 5	\$350
Greater than 5 to 15	\$500
Greater than 15	\$600

**15. 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.**

**16. 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.

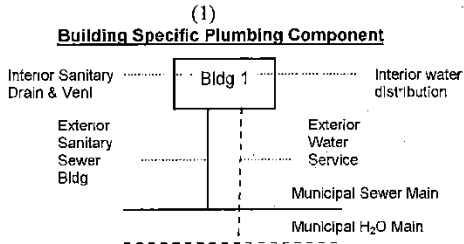
Plans shall include:

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.

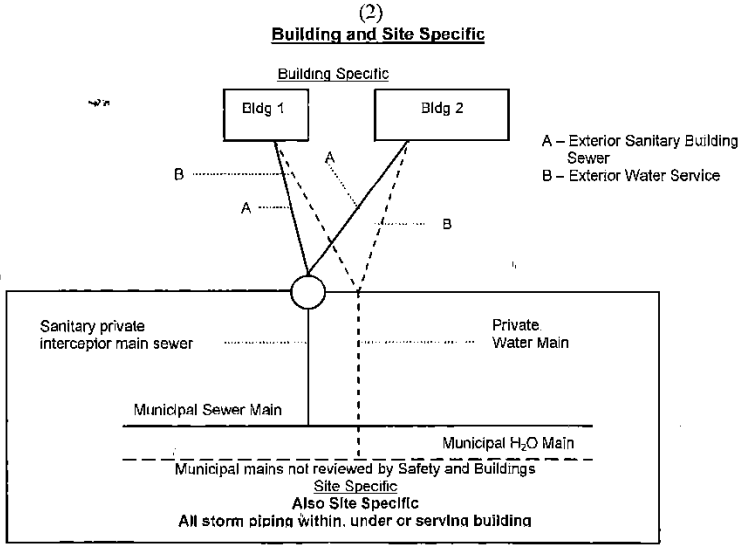
**\*\*NOTE: THIS FORM IS PLUMBING PLAN REVIEW ONLY. APPROVAL OR APPLICATION DOES NOT AUTOMATICALLY TRANSLATE INTO PERMISSION TO BEGIN CONSTRUCTION ACTIVITIES NOR DOES IT CONSTITUTE A PERMIT. CONTACT CITY OF KENOSHA DEPARTMENT OF COMMUNITY DEVELOPMENT AND INSPECTIONS FOR ADDITIONAL INFORMATION REGARDING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

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

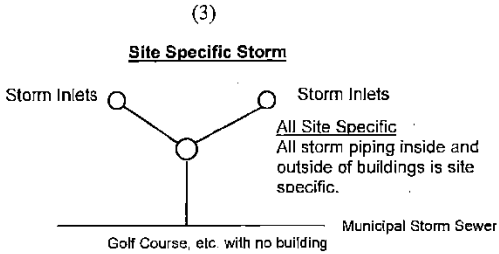
**TYPICAL EXAMPLES OF BUILDING SPECIFIC/SITE SPECIFIC  
INDICATED TASKS ARE FOR COMPLETING FORM PAGES AND WEB SCHEDULING**



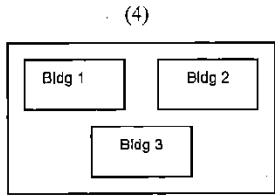
All are building specific (municipal mains not reviewed by Safety and Buildings)  
Web - 1 Building Specific Plumbing Component  
This Form - Page 2 to be done 1 time



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

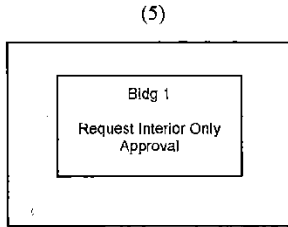


Web - 0 Building Specific Plumbing Component  
1 Site Specific Plumbing Component  
This Form - Page 3 to be done 1 time. Also, if cross connection assemblies, complete pages 2 and 5.

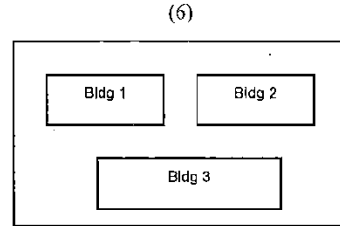


Request Interior and Exterior Approval  
Web - 3 Identical Building Plumbing Components  
1 Site Specific Plumbing Component

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

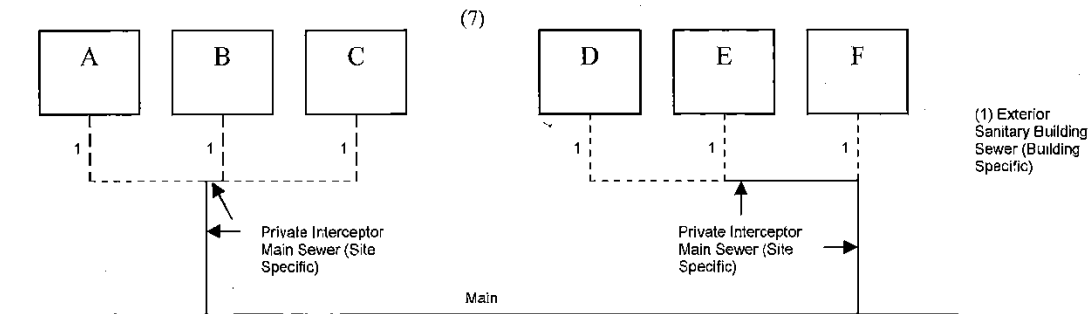


Web - 1 Building Specific Plumbing Component  
0 Site Specific Plumbing Component  
This Form - Page 2 to be done 1 time



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



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.