



# Summary Sheet for Plumbing Plan Review

City of Wausau – Inspections & Zoning | 407 Grant St Wausau WI 54403

715-261-6780 | inspections@ci.wausau.wi.us

A complete set of plans and full payment are required at the time of application submittal. If you do not know the fee for an application, please see the Plumbing Fee Schedule.

<b>Section 1. Summary Info</b>			
Paper Plan submittals can be submitted to the City of Wausau Inspections Department located at: 407 Grant Street - 2 <sup>nd</sup> Floor Wausau WI 54403			
Date of Application:		Plan ID#:	DIS-
<b>Plan Type (Check all that apply):</b>	<input type="checkbox"/> New / Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Permission to start
<input type="checkbox"/> Revision to previously approved plan where approved construction has not been completed		<input type="checkbox"/> Extension to an approved plan	
<b>Requesting plan review for (Check the specific plumbing equipment below):</b>		<input type="checkbox"/> Private Interceptor Main	
<input type="checkbox"/> Building Drain & Vent, Sanitary	<input type="checkbox"/> Garage Catch Basin	<input type="checkbox"/> Sewer, Sanitary	
<input type="checkbox"/> Building Drain & Vent, Storm	<input type="checkbox"/> Car Wash Interceptor	<input type="checkbox"/> Private Water Main	
<input type="checkbox"/> Building Sewer, Sanitary	<input type="checkbox"/> Exterior Grease Interceptor	<input type="checkbox"/> Water Distribution System	
<input type="checkbox"/> Building Sewer, Storm	<input type="checkbox"/> Interior Grease Interceptor	<input type="checkbox"/> Water Service	

<b>Section 2. Plan Submittal Requirements</b>
<b><del>PLAN SUBMITTAL SHALL INCLUDE THE FOLLOWING IN ACCORDANCE WITH CODE SECTION SPS 382.20.</del></b>
<b>Two complete sets</b> of plumbing plans and specifications must be submitted. Incomplete submittals <b>will</b> be rejected. Plans shall be legible and pertinent to only plumbing installations. Please check the boxes below to ensure your plan submittal is complete. Plan documents shall be submitted in the other of the following checklist:
<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Plan Index</li> <li><input type="checkbox"/> 2. Plot/site plan showing size and pitch of sanitary sewer(s), storm sewer(s), and water service(s).</li> <li><input type="checkbox"/> 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:</li> <li><input type="checkbox"/> 4. Floor plan showing horizontal drains, water distribution lines, and all fixtures and equipment to be installed.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 6. Complete water calculations in accordance with SPS 382.40 (7). <i>Link to Instructions:</i> <a href="https://dsps.wi.gov/Documents/Programs/Plumbing/SBD6479Instructions.pdf">https://dsps.wi.gov/Documents/Programs/Plumbing/SBD6479Instructions.pdf</a> <i>Link for Water Calc Worksheet:</i> <a href="https://dsps.wi.gov/Documents/Programs/Plumbing/SBD6479.pdf">https://dsps.wi.gov/Documents/Programs/Plumbing/SBD6479.pdf</a></li> <li><input type="checkbox"/> 7. Complete storm-drain sizing calculations in accordance with SPS 382.36 (5).</li> <li><input type="checkbox"/> 8. Remodeling or additions shall include existing loads.</li> <li><input type="checkbox"/> 9. All plans must be properly signed per SPS 382.20 (4)(c).</li> <li><input type="checkbox"/> 10. List fixture and plumbing appliance manufacturers, and model numbers.</li> <li><input type="checkbox"/> 11. Cut sheets or shop drawings of all fixtures and health care appliances located within a health care facility. Provide product approval letters for each health care appliance. <i>Link to search for approved plumbing products:</i> <a href="https://esla.wi.gov/publiclookup">https://esla.wi.gov/publiclookup</a></li> <li><input type="checkbox"/> 12. Fixtures which require water or waste connections may need product approval.</li> <li><input type="checkbox"/> 13. Complete sizing calculations for all grease interceptors.</li> <li><input type="checkbox"/> 14. Identify specific materials for installations as listed in SPS 384.</li> <li><input type="checkbox"/> 15. Summary sheet (this form).</li> </ul>

<b>Applicant's Signature:</b>		
Submitter acknowledges that the submittal is complete, and that any additional information requested to complete review will be received by the Department within 5 business days or the plan is subject to denial.		
Applicant's Printed Name	Applicant's Signature	Date

**Section 3. (Optional Service) Permission to Start**

For additional information, see alternate approval at:

[https://dsps.my.salesforce.com/sfc/p/#t0000000LAz5/a/t0000000SH3k/ZLRFuobXdAgfsG\\_O6Ef\\_fOJBKUcGN64WRvY8nmLuKHY](https://dsps.my.salesforce.com/sfc/p/#t0000000LAz5/a/t0000000SH3k/ZLRFuobXdAgfsG_O6Ef_fOJBKUcGN64WRvY8nmLuKHY)

As specified within the Alternate Approval, a submittal of a complete set of plans is required to utilize the permission to start. Scope of installations are limited to below grade and a maximum of 18-inches above floor.

**Request is for the following specific plumbing installation(s) (Check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sanitary Sewer.                    | <input type="checkbox"/> Water service.      | <input type="checkbox"/> Interior building drain.     |
| <input type="checkbox"/> Private interceptor main sewer(s). | <input type="checkbox"/> Private water main. | <input type="checkbox"/> Interior water service.      |
| <input type="checkbox"/> Storm Sewer.                       |  | <input type="checkbox"/> Interior water distribution. |

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

\_\_\_\_\_  
Building Owner's Printed Name

\_\_\_\_\_  
Building Owner's Signature

\_\_\_\_\_  
Date