



# City of Fond du Lac

## First on the Lake

General Plumbing

Website: [www.fdl.wi.gov](http://www.fdl.wi.gov)

City-County Government Center  
160 S. Macy Street~P.O. Box 150~Fond du Lac, WI 54936-0150

### Application for General Plumbing Plan Review

(Within the City of Fond du Lac limits only)

-Complete all pages-

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

1. This form is to be used for mailing, digital (preferred), or dropping off plans. Check our website at [www.fdl.wi.gov](http://www.fdl.wi.gov) 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 [fdlinspections@fdl.wi.gov](mailto:fdlinspections@fdl.wi.gov) or [dspsbplbgtech@wi.gov](mailto:dspsbplbgtech@wi.gov).

Plan Type:  New  Permission to Start  Addition/Alteration  
 Revision to Previously Approved plan where approved construction has not been completed.

**City of Fond du Lac**  
Inspections Department  
160 South Macy Street  
Fond du Lac, WI 54935  
(920) 322-3570  
[fdlinspections@fdl.wi.gov](mailto:fdlinspections@fdl.wi.gov)

### 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)\*  Mail Plans to customer  1  2  3  Requesting Customer will pick up  
\*Refers to customer listed below

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

#### Designer Information (Customer 1) (Person who stamped the plan)

\_\_\_\_\_  
First Name Last Name Customer ID Number  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: Zip + 4 (9 digits): \_\_\_\_\_  
Phone Number (Area Code): \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Contact Person or Other, Please Specify (Customer 3)

\_\_\_\_\_  
First Name Last Name Customer ID Number  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4 (9 digits): \_\_\_\_\_  
Phone Number (Area Code): \_\_\_\_\_ Email Address: \_\_\_\_\_

**Make checks payable to: City of Fond du Lac and attach to the application and plans.**

#### Owner Information (Customer 2)

\_\_\_\_\_  
First Name Last Name Customer ID Number  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4 (9 digits): \_\_\_\_\_  
Phone Number (Area Code): \_\_\_\_\_ Email Address: \_\_\_\_\_

Invoice Designer, who will be personally responsible for payment.

Designer Signature: \_\_\_\_\_

**Total amount due (from page 4 ) \$ \_\_\_\_\_**

Minimum Fee \$85.00

Additional Building Specific Items Next Page

**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 reviewed, and to remove or replace any non-code complying construction and make revisions to plans 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: \_\_\_\_\_

<b>5. BUILDING SPECIFIC INFORMATION</b>		
<input type="checkbox"/> New <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Revision to Previously Approved plan where approved construction has not been completed <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		
Indicate Building/Tenant Designation for Each Building and/or Tenant Space (Attach Additional Pages if Necessary)		
I Building/Facility Name/Designation	Previous Tenant Name	Building/Facility Address
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
Indicate here the total number of interior fixtures, including roof drains and hose bibs being submitted for this building:		TOTAL # _____
<b>6. BUILDING SPECIFIC SANITARY:</b>		
Select ONE of the following six options and enter the corresponding diameter or Drainage Fixture Units (DFU) and enter fee		
1. 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	
2. Interior <b>Sanitary Drain and Vent</b> system only	Diameter of sanitary building sewer, in inches, required to serve the building, _____ x \$50	
3. Exterior <b>Sanitary Building Sewer(s)</b> only	Diameter of sanitary building sewer(s) in inches _____ x \$30	
4. 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	
5. Multiple exterior <b>Sanitary Building Sewers</b> serving the single building, and the interior <b>Sanitary Drain and Vent</b>	DFU's new, added or relocated See fee Table 1 on page 4 to convert DFU to a fee	
6. 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	
*Fees are based on GPM and pipe diameter using the empirical sizing method per SPS 382.40(7). Fees for other engineered systems are subject to change.*		
<b>7. BUILDING SPECIFIC WATER:</b>		
Select ONE of the following six options and enter the corresponding diameter or Gallons Per Minute (GPM) and enter fee		
1. 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	

2. 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	
3. Exterior Water Service(s), no interior Water Distribution	Diameter of exterior water service in inches _____ x \$30	
4. Interior Water Distribution system within an addition or remodeled building, no exterior Water	GPM added or relocated See fee Table 2 on page 4 to convert GPM to a fee	
5. 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	
6. 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>8. Indicate the number of items below included with this submittal. Note : * no additional fee if submitted with Sanitary Drain &amp; Vent</b>		
Grease Interceptor	Number of Grease Interceptors _____ x \$85*,	
Garage Catch Basin	Number of Garage Catch Basins _____ x \$85*,	
Oil Interceptor	Number of Oil Interceptors _____ x \$85*, n	
Car Wash Interceptor	Number of Car Wash Interceptors _____ x \$85*,	
Sanitary Dump Station	Number of Sanitary Dump Stations _____ x \$85*,	
Mixed Wastewater Holding Devices	Number of Mixed Wastewater Holding Devices _____ x \$85*,	
Chemical System	Number of Chemical Systems _____ x \$85*,	
<b>9. Cross Connection Control Assemblies</b>		
Request to Review Cross Connection Control Assemblies in <b>NON-Health Care Related Facilities</b>	Number of Cross Connection Control Assemblies _____ x \$30	
<b>10. SITE SPECIFIC INFORMATION:</b>		
Check and complete diameter information if included in this submittal	Fee Computation (doubled for installation without approval). Check appropriate box and make fee computation.	<b>Required Fee</b>
Indicate total number of exterior fixtures such as storm drain inlets submitted with this application _____	Drainage area served by the storm plumbing system is (check one and enter corresponding information)	
<b>Check all that apply:</b>	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	
<b>Interior storm drain system with a clearwater drain system</b> (if submitting interior storm only, use the roof area to determine the drainage area for fees.)	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	
<b>Interior storm drain system</b> without a Clearwater drain system (if submitted interior storm only, use the roof area to determine the drainage area for fees.)	C. 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.	
<b>Storm Building Sewer Storm</b>	• If submitting infiltration WITHOUT storm, calculate the corresponding fee	
<b>Private Interceptor Main Sewer</b>		
<b>Clearwater drain system</b> <u>without</u> an interior storm drain system	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.	
	\$15/inch diameter of each Clearwater drain system inches _____ x \$15 inch	
<b>SANITARY</b>		
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)	

**11. 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
1-25 Sites	\$300	51-125 Sites	\$400
26-50 Sites	\$350	Greater than 125	\$500

Mobile/Manufactured Home Park and/or Campground/Recreational Vehicle Park submittal includes:

Sanitary Dump Station	Exterior Water Service
Exterior Sanitary Sewer	Private Water Main
Sanitary Private Interceptor Main Sewer	

**12. OTHER FEES**

Permission to Start	A fee for Permission to Start be charged at a rate of \$80 per hour (Minimum
Plan Approval Extension (1 year maximum)	\$120
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.

**Enter Total Fee Here and at Bottom of First Page**

**WATER**

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

**13. 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.