

Application Date:	Commercial Plumbing Permit Application <i>Please print legibly and complete all applicable sections.</i>		City of Superior Building Inspection Division 1316 N. 14 th St. Superior, WI 54880 Phone: 715-395-7288 Fax: 715-395-7346	
Logged In: (date and initial)				
Permit #:				
Parcel #:	PROJECT ADDRESS:		Contacted for Payment on:	By:
Owner's Name(s)		Owner's Mailing Address		
Phone #:	Fax #/Phone #:	Email:		
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent				
Applicant Name & Business Name		Mailing Address		
Phone #:	Fax #/Phone #:	Email:		
State License/Registration Types & Numbers:				
Designer/Architect/Engineer Name		Mailing Address		
Phone #:	Fax #/Phone #:	Email:		
State License/Registration Types & Numbers:				
Location & Project Details <i>(Check all that apply)</i>				
<input type="checkbox"/> Residential multi-family building (Three or more dwelling units) <input type="checkbox"/> Institutional/Daycare/CBRF <input type="checkbox"/> One or Two dwelling units in a multi-occupancy commercial building <input type="checkbox"/> Mercantile/Retail <input type="checkbox"/> Business <input type="checkbox"/> Storage <input type="checkbox"/> Education <input type="checkbox"/> Utility/Misc. <input type="checkbox"/> Factory/industrial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Hazardous <input type="checkbox"/> Other				
Reason for Plumbing Work <i>(Check all that apply)</i>				
<input type="checkbox"/> New building construction <input type="checkbox"/> Additional meter(s) and associated piping for separation of space or use <input type="checkbox"/> Building addition <input type="checkbox"/> Elimination of outdated or deteriorated piping, fixtures and/or equipment <input type="checkbox"/> Building alteration <input type="checkbox"/> Altered location of utilization of plumbing fixtures or systems <input type="checkbox"/> Energy efficiency upgrades <input type="checkbox"/> Relocation of restrooms or other plumbing fixtures <input type="checkbox"/> Increased loads or demand on plumbing systems <input type="checkbox"/> Other: _____ <input type="checkbox"/> Repair or replacement of damaged piping, fixtures or equipment damaged by fire or flood <input type="checkbox"/> Repair or replacement of damaged piping, fixtures or equipment due to wear, impact, Acts of God or other similar circumstance				
Total of fixtures installed, added or altered: _____				
Total future fixtures to be installed, added or altered: _____				

Please indicate the number of each fixture to be installed, altered, replaced or relocated.			
Fixture	Quantity	Fixture	Quantity
Automatic clothes washer		Multi-purpose piping (mpp) fire sprinklers	
Autopsy table		Receptors of indirect wastes, gravity flow discharge	
Bar Sink		Refrigerated Food Display Case	
Bathtub, with or without shower head		Roof drains	
Bedpan washer		Shower, per head	
Beer tap		Sinks:	
Bidet		Bar and fountain	
Bottle cooler		Cup	
Campsite receptor		Factory, wash, per set of faucets	
Coffee maker		Flushing rim	
Cuspidor, fountain or dental		Fountain or bar, 4 compartments or less	
Dipper well		Food waste grinder	
Dishwasher, commercial		Kitchen and food preparation per faucet	
Dishwashing machine		Laboratory	
Drink Dispenser		Laboratory, school	
Drinking fountain		Classroom	
Exhaust hood washer		Pack or plaster	
Floor drain		Residential, with or without food waste grinder	
Glass filler		Restaurant, scullery, pots and pans – 4 compartments or less	
Glass washer		Food, rinsing, cleaning or thawing	
Health care fixtures:		Service sink	
Clinic sink		Shampoo sink, barber or beauty parlor	
Exam/treatment sink		Surgeons, wash up	
Sitz bath		Wash fountain, circular and semi-circular	
Surgeon wash-up		Soda dispenser	
Hose bibb		Sterilizers	
Hot water storage tanks		Storm inlets	
Ice chest		Sump Pit/Ground Water	
Ice maker		Urinal	
Kitchen sink		Wall hydrant, hot and cold mix	
Laundry tray/tub		Wash fountain	
Lavatory		Water closet	
Lawn Sprinkler		Water heater	
Manufactured Home		Water Treatment	
Water Heater(s) Type:			
<input type="checkbox"/> Electric		<input type="checkbox"/> Oil	
<input type="checkbox"/> Gas		<input type="checkbox"/> Water maker/exchange tank	
<input type="checkbox"/> Other			
Venting			
<input type="checkbox"/> Natural		<input type="checkbox"/> Power/Mechanical	
<input type="checkbox"/> Direct		<input type="checkbox"/> Other	
<i>Note: All chimneys shall be sized per the BTU's being vented per the National fuel Gas Code or other as applicable.</i>			
Water Heater BTU's		Total BTU's vented through chimney	
Existing chimney flue size			
Is Chimney being lined? <input type="checkbox"/> Yes <input type="checkbox"/> No Liner Size: _____ Type: _____ Manufacturer: _____			
Provide details of proposed project to adequately describe work covered by this permit application:			

This project will also include:	Other Contractor Information:	Phone #:	
Electrical Work			
Building Work			
HVAC Work			
Fire alarm and suppression			
Other			

PROJECT COST: \$					
Fee Summary by Building Classifications		*Group 1	*Group 2	*Group 3	Sub-Total
New/ Addition (Min. \$50)	sq. ft.	x \$0.10	x \$0.15	x \$0.05	\$
Alterations	Base Fee \$60.00 Plus \$10.00 per \$1,000.00 *Permit fee will be calculated from the Estimated Project Cost rounded up to the next thousand.				\$
Receipt #	Rcv'd By:	Grand Total			
<ul style="list-style-type: none"> The applicant agrees to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, expressed or implied, on the City Agent/Inspector, Department or Municipality; and certifies that all the above information is true and accurate. Approval or disapproval of plans shall be based upon review of written and graphic information submitted. Changes made during construction shall be based upon approved revised plans. Any change in the conditionally approved plans shall be approved by this department before said changes are implemented. It is expressly understood by the project owner(s) and/or contractor(s) that by issuance of this permit any City Agent/Inspector shall be allowed to inspect at reasonable times any construction work through the final inspection. Failure to allow access to the premises for such inspection(s) shall result in revocation of this permit. <p style="text-align: center;">This is a Commercial Plumbing Permit application only – not a permit to proceed.</p> <p style="text-align: center;"><i>This permit is issued with the understanding that the permit applicant has received, read, understood and agrees to abide by the conditions and provisions of the City of Superior policies, rules, ordinances and Wisconsin State Statutes and Administrative Rules as highlighted in the City of Superior Commercial Permits Conditions and Provisions Document dated 12-31-12.</i></p> <p>Applicant Signature _____ Print</p> <p>Name _____ Date: _____</p> <ul style="list-style-type: none"> I certify that the information provided on this form is complete and accurate. 					
Approvals					
Permit Issued By:		Cert No.:		Date:	
Conditions of Approval	This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.				
To be submitted upon application:					
<p>All Commercial Plumbing Permit applications must include at least two (2) sets of plans, one of which will be kept on file in the Building Inspection office. This includes plans for projects not requiring State Approval.</p> <p>Applications shall include minimum (1) copy State Approved plan(s) as Conditionally Approved by Wisconsin DSPS in accordance with SPS 382.20 Table 382.20-1 and Table 382.20-2. Some applications involving 15 fixtures or less may also <u>require</u> State Approval in accordance with Table 382.20-1 and / or Table 382.20-2. Applications involving 15 fixtures or less receiving local (City) review and approval shall include two (2) sets plans prepared in accordance with SPS 382.20(4) and shall include sufficient data and information including Water Calculation Worksheet and Water Supply / Waste / Vent riser diagrams, to determine if installation meets provisions of Chapters SPS 381 thru 384.</p>					
*Building Classifications					
<p>A. Group 1: Multi-family residential</p> <p>B. Group 2: Arenas, armories, assembly halls, banks, barber shops, beauty shops, bowling alley, cafeterias, churches, clinics, dance halls, dry cleaning, educational institutions, exhibition buildings, funeral homes, gyms, halls, hospitals, hotels, labs, libraries, motels, natatorium shelters, nursing homes, offices, places of detention, repair garages, restaurants, retail, service garages, skating rinks, taverns, theaters, and similar buildings.</p> <p>C. Group 3: Factories, freight terminals, machine shops, sewage plants, storage buildings, storage garages, substations, vaults, warehouses, and all others not included in group 1 and 2.</p>					
Called In To Whom:		By:		Date:	

SPS 382.20 Plan review and cross connection control assembly registration.

(1) GENERAL. Plans and specifications shall be submitted to the department or to an approved agent municipality for review in accordance with pars. (a) and (b).

Note: The department forms required in this chapter are available from the Safety and Buildings Division at P.O. Box 7162, Madison, WI 53707-7162, or at telephone (608) 266-3151 and (608) 264-8777 (TTY), or at the Safety and Buildings' web site at <http://dsps.wi.gov/sb/sb-divForms.html>.

(a) *Department review.* Plumbing plans and specifications for the types of plumbing installations, except direct replacements, listed in Table 382.20-1 shall be submitted to the department for review, regardless of where the installation is to be located. A municipality shall be designated as an agent municipality in accordance with sub. (2). Written approval for the plumbing plans shall be obtained prior to installation of the plumbing.

(b) *Department or agent municipality review.* 1. Plumbing plans and specifications for the types of plumbing installations, except direct replacements, listed in Table 382.20-2 shall be submitted for review to an agent municipality, if the installation is to be located within the agent municipality or to the department, if the installation is not to be located within an agent municipality. A municipality shall be designated as an agent municipality in accordance with sub. (2). Written approval for the plumbing plans shall be obtained prior to installation of the plumbing.

Note: The number of plumbing fixtures to be submitted and reviewed by an agent municipality is a subject of local ordinances.

2. Plan review and approval of one- and 2-family dwellings. Review and approval of plumbing plans for one- and 2-family dwellings shall be in accordance with the provisions specified in s. [SPS 320.09](#).

(c) *Cross connection control assembly registration.* The installation of each reduced pressure principle backflow preventer, reduced pressure fire protection principle backflow preventer, spill resistant vacuum breaker, reduced pressure detector fire protection backflow prevention assembly or pressure vacuum breaker shall be registered with the department no later than 7 days after installation of the assembly.

Table 382.20-1

Submittals To Department

Type of Plumbing Installation

1. All plumbing, new installations, additions and alterations, regardless of the number of plumbing fixtures involved, serving hospitals, nursing homes and ambulatory surgery centers.^a
2. Plumbing, new installations, additions and alterations involving 16 or more plumbing fixtures, serving buildings owned by a metropolitan or sanitary sewer district.^b
3. Plumbing, new installations, additions and alterations involving 16 or more plumbing fixtures, serving buildings owned by the state.^b
4. Alternate and experimental plumbing systems.
5. Reduced pressure principle backflow preventers, reduced pressure fire protection principle backflow preventers, pressure vacuum breaker assemblies, reduced pressure detector fire protection backflow prevention assemblies, and spill resistant vacuum breakers serving health care and related facilities.
6. Stormwater and Clearwater infiltration plumbing systems serving a public building or facility.^c
7. Treatment systems, other than POWTS, designed to treat water for compliance with Table 382.70-1.^c

^a The registration of cross connection control devices as required under s. [SPS 382.20 \(1\) \(c\)](#) is included as a part of plan review and approval.

^b For the purpose of plan review submittal, water heaters, floor drains, storm inlets, roof drains, multi-purpose piping (mpp) fire sprinklers and hose bibbs are to be included in the count.

^c Agent municipalities may perform this review when so authorized by the department.

Table 382.20-2

Submittals To Department Or Agent Municipality

Type of Plumbing Installation

1. New installations, additions and alterations to drain systems, vent systems, water service systems, and water distribution systems involving 16 or more plumbing fixtures to be installed in connection with public buildings.^{a,b}
2. Grease interceptors to be installed for public buildings.
3. Garage catch basins, carwash interceptors and oil interceptors to be installed for public buildings and facilities.
4. Sanitary dump stations.
5. Piping designed to serve as private water mains.
6. Water supply systems and drain systems to be installed for manufactured home communities and campgrounds.^c
7. Piping designed to serve as private interceptor main sewers greater than 4 inches in diameter when sized for gravity flow.
8. Chemical waste systems regardless of the number of plumbing fixtures.^c
9. Stormwater systems, not including infiltration plumbing systems, serving a public building or facility where the drainage area is one acre or more.^d
10. Mixed wastewater holding device.

^a For the purposes of plan review submittal, water heaters, floor drains, storm inlets, roof drains, multi-purpose piping (MPP) fire sprinklers and hose bibbs are to be included in the count. For a phased project such as a mall or office complex fixture count includes all proposed fixtures connected to a common building sanitary sewer, a common water service and all storm sewers serving the building.

^b For the purpose of plan submittal, public buildings do not include zero-lot-line row houses where each living unit is served by an individual water service and an individual building sewer.

^c Only agent municipalities which are cities of the first class may review these types of installations.

^d Plan review involving 16 or more plumbing fixtures also applies.