

City of West Allis

7525 W Greenfield Ave Room 222

West Allis, WI 53214

Phone: (414) 302-8400

Fax: (414) 302-8402

Plumbing Inspector: Mike Romens

Direct: (414) 302-8419

Office hours: 8:00am – 9:00am & 1:00pm – 2:00pm

Inspection Hours: 9:00am – 12:00pm & 2:00pm – 4:00pm

Notice Required for Inspection:

Email: mromens@westalliswi.gov

Website: <http://www.westalliswi.gov/index.aspx?nid=126>

Inspection Hotline: (414) 302-8420

Additional important contacts:

Street Work:

Joe Burtch – Engineering (414) 302-8379

Water Service:

Mark Jutrzonka – Water Dept (414) 302-8829

Instructions:

1. Type or print with ball point pen.
2. Use a separate form for each address.
3. Fill out form completely as indicated.
4. When this application is validated it becomes the plumbing permit & will be returned to you.

CITY OF WEST ALLIS

PLUMBING PERMIT APPLICATION

Plumbing Inspection Division
 7525 W. Greenfield Ave.
 West Allis, WI 53214
 Tele. (414)302-8400
www.westalliswi.gov/BINS



Inspector Office Hrs. 8-9am & 1-2pm
 Phone: 302-8413

Address:

JOB ADDRESS	SUITE/UNIT #	CONTRACTOR JOB NO.
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CONTRACTOR SPECIAL WORK COMMENTS. (i.e., location on premises or other pertinent information).

PLUMBERS BUSINESS NAME	PHONE NO.	OWNER OF PREMISES	PHONE NO.
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ADDRESS	FAX NO.	ADDRESS
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CITY/STATE/ZIP	CITY/STATE/ZIP
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MASTER PLUMBER CELL PHONE	E-MAIL	DESCRIPTION OF WORK
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CLASS OF WORK

ALTER/REMODEL NEW CONSTRUCTION

ADDITION LICENSE/ORDERS/OCCUPANCY # _____

USE OF PROPERTY

1 OR 2 FAMILY COMMERCIAL

MULTI-FAMILY TAX EXEMPT

*By the signature hereafter, the master plumber hereby agrees the work authorized by the issuance of this plumbing permit will be installed in a safe and workman like manner and in accordance with the plumbing rules and regulations prescribed by the City of West Allis Code, the Milwaukee Metropolitan Sewerage District Rules (MMSD) and State of Wisconsin Codes and Statutes. Further, the issuance of this plumbing permit includes review and correction by the Master Plumber of illegal cross-connections (see State of WI Adm. Code Sections SPS 382.41 and NR 811.09). **By signing this permit application, it is understood that a contract exists between the owner or owner's agent and the City of West Allis, guaranteeing the right to enter for all required inspections and investigations. Applicant is obligated to ensure final inspection is made.***

Master Plumbers Name (Type/Print)

Master Plumbers Signature

State of WI License / Certification #

Date

PERMIT FEES

Complete the worksheet (next page) to determine the fee amount.	\$
TOTAL DUE	

Official Use Only - Permit Issued

Insp. Comments/Conditions

FINAL APPROVAL APPROVAL DATE: _____

BY: _____

NOTICE: A Plumbing Permit becomes null and void if work or construction authorized is NOT commenced within 120 days of issuance, or if construction or work is suspended or abandoned for a period of 120 days at any time after the work has commenced. Before such work can be recommenced, a new permit shall be obtained. A written request from the permit holder prior to termination may extend a plumbing permit up to an additional 120 days. **REFUND OF FEES:** That portion in excess of \$100 is eligible to be refunded to the permit holder for work not yet started when a refund request is made in writing and received in the Building Inspection office prior to permit termination.

Plan Approval (If Required) # _____

Date Stamp	Approved for processing by:
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Issue Date: _____

Permit #: _____

Key #:

CITY OF WEST ALLIS PLUMBING PERMIT FEE WORKSHEET

A.	Affidavit Permit - 1 or 2 family use properties only, for <u>single fixture or appliance</u> replacement installation. This must be the only work covered by this permit. No inspection is required, however, contractor work may be checked by the inspector. (BASE FEE WAIVED)	List replacement fixture: Total Due <p style="text-align: center;">\$50.00</p>	A.
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B. Base Fee	NOT required on affidavit permit. Applied to all other permits unless noted. The fee includes: State of WI & federally mandated cross-connection inspection & storm management inspection(s). <input type="checkbox"/> 1or2 Fam. Addn/Alter. @ \$75.00 <input type="checkbox"/> Multi-Family Bldg Addn or Alt @ \$75 <input type="checkbox"/> Non-Residential Addn or Alteration \$75 <input type="checkbox"/> 1or2 Fam. New Bldg @ \$150.00 <input type="checkbox"/> Multi-Family New Bldg. @ \$150 PLUS # of Res Units @ \$5 unit <input type="checkbox"/> Non-Residential - New \$150	\$	B. Base Fee
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All Other Permit Types Complete Sections Below

	Qty. Column A		Qty. Column B			
C. Fixture(s)/Fixture Fee		Air Admittance Valve (Test Required)		Manhole	C. Fixture(s)/Fixture Fee	
			Backflow Device/Assembly			Roof Drains/Conductors
			Bath Tub			Service Sink
			Catch Basin			Shower
			Dishwasher			Sinks (type):
			Drink Dispenser <input type="checkbox"/> Soda <input type="checkbox"/> Coffee <input type="checkbox"/> Other			
			Drinking Fountain			Site/Funnel Drains <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm
			Floor Drain			Sumps <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm
			Garbage Disposal			Urinal
			Grease Interceptor			Washer Connection
			Hosebibbs			Water Closet
			Ice Machine/Chest			Water Heater - Electric
			Laundry Tray			Water Heater - Gas (Code compliant gas valve required)
			Lavatory			Water Treatment/Filters
			Other (Explain):			Other (Explain):
			Total Fixt.-COLUMN I			Total Fixt.-COLUMN II

	10 or more non-residential fixtures will require City of West Allis Plumbing Plan Approval Prior to Permit Issuance	
Qty.	Fixture Count (Total # of fixtures listed in Columns A & B (above).)	FEE
	@ \$15/Fixture	

D. Other Fees	Water Distribution Piping <input type="checkbox"/> New <input type="checkbox"/> Replacement When Additional Demand is added, Water Calculations are Required \$75.00		D. Other Fees	
	New Connections to Main: <input type="checkbox"/> Water <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm \$75.00/ea.			
	Laterals - New or Repair _____ ft. Water _____ ft. Sanitary _____ ft. Storm \$75.00/100' or fraction thereof			
	Building Drains/Sewer - New or Repairs _____ ft. Sanitary _____ ft. Storm \$75.00/100' or fraction thereof			
	Well Operation Permit - Renewal (Base Fee waived) \$75.00			
	Well Abandonment Permit (Copy of DNR Form 3300-5B Required) Base Fee Waived \$75.00			
	Capping/Terminating <input type="checkbox"/> Water <input type="checkbox"/> Sanitary <input type="checkbox"/> Storm <input type="checkbox"/> Fixtures \$75.00/ea.			
	Code Corrections - (Letter # _____) Base Fee Waived \$75.00/min.			
	Inspections (Base Fee Waived)	Reinspection - \$75.00		
		Request for Overtime Inspection - \$200.00 Min.		
Special Insp. w/written Report \$250.00				
Failure to Call for Inspections \$75.00 Min.				

E. Total	Total Due Sum of Fees from Secs B, C & D Above		E. Total
	Triple Permit Fees "Total Due" (above) x 3 (\$300 minimum)		



Plumbing Inspection Division
Department of Building Inspections
& Neighborhood Services
 7525 W. Greenfield Ave., West Allis, WI
 (414)302-8413 www.westalliswi.gov/BINS

Date Stamp

Receipt # Initials

Application for General Plumbing Plan Review
- Complete all pages -

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

1. Project Information - Fill in all known information

Project site name _____

Number & Street _____
 City of West Allis, Milwaukee County

2. Mailing Information - after plans are reviewed (check all that apply)

 Call Customer (refers to customer listed below) **Mail Plans to Customer (refers to customer listed below)**

Customer 1 Customer 2 Customer 3 Customer 1 Customer 2 Customer 3

 Requesting Party will pick up

Designer Information (Customer 1) (Person who stamped the plan)	Owner Information (Customer 3)
First Name Last Name Credential Number	First Name Last Name Credential Number
Company Name	Company Name
Address	Address
City State Zip + 5	City State Zip + 5
(Area Code) Phone Number FAX Number	(Area Code) Phone Number FAX Number
e-mail address	e-mail address
Installer Information (Customer 2) (If different from customer #1)	<p>Make checks payable to: City of West Allis. Mail or drop off plans, application, supporting documentation & check to:</p> <p>City of West Allis Dept. of Bldg. Inspections & Neighborhood Services 7525 W. Greenfield Ave. West Allis, WI 53214</p> <p>Total Amount due (from page 3) \$ _____ Minimum Fee \$85.00</p>
First Name Last Name Credential Number	
Company Name	
Address	
City State Zip + 5	
(Area Code) Phone Number FAX Number	
e-mail address	

4. BUILDING SPECIFIC INFORMATION

Note: The following projects require plan approval by State of Wisconsin Department of Safety and Professional Services: Hospitals, Nursing Homes, Ambulatory Surgery Centers, Mixed Wastewater Holding Devices, Chemical Systems, Cross Connection Control Assemblies in Health Care and Related Facilities, Request to Register Cross Connection Control Assemblies in Non-Health Care and Related Facilities, Water treatment devices, Clear Water Subsurface Infiltration systems, Mobile/Manufactured Home Parks, Campground/Recreational Vehicle Parks, Experimental Plumbing Systems and Alternate Plumbing Systems.

Item Description – Indicate items included with this submittal for this building	Fee Computations: 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 # _____

5. BUILDING SPECIFIC SANITARY:

Select ONE of the following six options and enter the corresponding diameter or Drainage Fixture Units (DFU) and enter fee

1. ()	Interior Sanitary Drain and Vent System and Exterior Sanitary Building Sewer	_____ Diameter of sanitary building sewer(s) in inches x \$50.00	
2. ()	Interior Sanitary Drain and Vent system only	_____ Diameter of sanitary bldg sewer, in inches, required to serve the bldg. x \$50.00	
3. ()	Exterior Sanitary Building Sewer(s) only	_____ Diameter of sanitary building sewer(s) in inches. x \$30.00	
4. ()	Interior Sanitary Drain and Vent system within an addition or remodeled building	_____ DFU's new, added or relocated -	See fee Table 1 on Pg. 4 to convert DFU's to a Fee
5. ()	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 Pg. 4 to convert DFU's to a Fee
6. ()	Interior Sanitary Drain and Vent System with multiple building drains exiting the building, no exterior sanitary building sewers	_____ DFU's new, added or relocated -	See fee Table 1 on Pg. 4 to convert DFU's to a Fee

6. BUILDING SPECIFIC WATER:

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 system	_____ Diameter of exterior water service in inches. x \$30	
4. ()	Interior Water Distribution system within an addition or remodeled building, no exterior Water Service	_____ GPM added or relocated -	See fee Table 2 on Pg. 4 to convert GPM's to a Fee
5. ()	Multiple exterior Water Services serving the single building, and the interior Water Distribution system	_____ GPM added or relocated -	See fee Table 2 on Pg. 4 to convert GPM's to a Fee
6. ()	Interior Water Distribution system with multiple services exiting the building, no exterior Water Services	_____ GPM added or relocated -	See fee Table 2 on Pg. 4 to convert GPM's to a Fee

7. Indicate the number of items below included with this submittal.

1. ()	Grease Interceptor	_____ # of Grease Interceptors x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
2. ()	Garage Catch Basin	_____ # of Garage Catch Basins x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
3. ()	Oil Interceptor	_____ # of Oil Interceptors x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
4. ()	Car Wash Interceptor	_____ # of Car Wash Interceptors x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	
5. ()	Sanitary Dump Station	_____ # of Sanitary Dump Stations x \$85.00, no additional fee if submitted with Sanitary Drain & Vent	

Page 2 Fee Subtotal _____

8. SITE SPECIFIC INFORMATION		
Check & complete diameter information if included in this submittal	Fee Computations - Check appropriate box & make fee computations	
STORM - ALL STORM PIPING IS CONSIDERED SITE SPECIFIC		
Indicate the total number of exterior fixtures such as storm drain inlets submitted with this application _____ Check all that apply <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 submitting interior storm <u>only</u> use the roof area to determine the drainage area for fees.) <input type="checkbox"/> Storm Building Sewer <input type="checkbox"/> Storm Private Interceptor Main Sewer <input type="checkbox"/> Clearwater drain system <u>without</u> an interior storm drain system	Drainage area served by the storm plumbing system is: (check one and enter the corresponding information) 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 a fee C. <input type="checkbox"/> Greater than 1 acre drainage to the plumbing system. _____ Acres - See Table 4 on next page to convert acres acres to a fee NOTE: Maintenance plan submittal required \$15.00/inch diameter of each clearwater drain system _____ Inches - X \$15.00/inch	
SANITARY		
<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 Diameter(s) in inches x \$30.00/inch (Compute for each independent system & 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 Diameter(s) in inches x \$30.00/inch (Compute for each independent system & total.)	
9. OTHER FEES		
<input type="checkbox"/> Plan Approval Extension (1 year maximum) <input type="checkbox"/> Revision to previously approved plans Plumbing Permit # _____\$120\$85.00 Required	
Sub-Total Page 3		
Sub-Total Page 2		
Enter Total Fee here & at bottom of page 1		

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 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 3

Storm Gallons per Minute (GPM) FEE TABLES		
GPM	Diameter	Fee (diameter X \$15/inch)
Jan-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 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

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. Approved storm water management plan if required by SPS 382.36(13)(a)-(d).
9. 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.
10. For infiltration systems, submit Soil and Site Evaluation Form SBD-10793.
11. All plans must be properly signed per SPS 382.20 (4)(c). Plans involving more than one sheet must be **BOUND** into sets.
12. For water re-use submittals include information requested in the product approval.
13. Complete sizing calculations for all grease interceptors.