

General Plumbing Plan Review Application



E-PLAN
EXAM

Project Information – Fill in all known information:

| | |
|------------------------------------|--|
| Building, Project, or Tenant Name: | |
| Previous Tenant Name: | |
| Project Street Address: | |
| City/State/ZIP Code: | |
| Project Scope: | |

Designer Information:

| | |
|----------------------|--|
| Designer Name: | |
| License Number: | |
| Email: | |
| Phone number: | |
| Company: | |
| Address: | |
| City/State/ZIP Code: | |

Type of Submittal - Check all that apply:

| | |
|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Permission to Start (verify eligibility on page 2) |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Extension to a previously approved plan |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Multiple identical buildings |
| <input type="checkbox"/> Revision to previously approved Plans | Number of Buildings: _____ |

Project Specific Information – Fill in all known information:

| | | |
|---|--|-----------------------------|
| Indicate the total number of interior fixtures ¹ , including roof drains and hose bibs included in this submittal: | | Total Fixtures ¹ |
| Building area (New Construction & Addition projects only): | | Sq. Ft. |
| Storm Area drained to a plumbing system: | | Acres |
| Combined size in inches of water supply and sanitary lateral(s) serving structure: | | inches |

¹“Plumbing fixture” means a receptacle or device which meets at least one of the following:

- Is either permanently or temporarily connected to the water supply system of the premises and demands a supply of water from the system.
- Discharges wastewater or waste materials either directly or indirectly to the drain system of the premises.
- Requires both a water supply connection and a discharge to the drain system of the premises.

Types of Installation Components (Equipment Types) - Check all that apply:

| | | |
|---|---|--|
| <input type="checkbox"/> Building Drain & Vent, Sanitary ¹ <input type="checkbox"/> Building Drain & Vent, Storm ¹ <input type="checkbox"/> Building Sewer, Sanitary ¹ <input type="checkbox"/> Building Sewer, Storm ¹ <input type="checkbox"/> Campground/Recreational Vehicle Park Drainage System, Sanitary <input type="checkbox"/> Campground/Recreational Vehicle Park Drainage System, Storm <input type="checkbox"/> Campground/Recreational Vehicle Park Water Supply System <input type="checkbox"/> Car Wash Interceptor <input type="checkbox"/> Chemical Waste System <input type="checkbox"/> Controlled Roof Drain Engineered System <input type="checkbox"/> Drainage System, Storm <input type="checkbox"/> Exterior Containment Tank <input type="checkbox"/> Exterior Cross Connection Control Assembly, Health Care ^{**} <input type="checkbox"/> Exterior Grease Interceptor <input type="checkbox"/> Exterior Mixed Wastewater Treatment Device <input type="checkbox"/> Exterior Non-Potable Water System <input type="checkbox"/> Exterior Oil Interceptor <input type="checkbox"/> Exterior Potable Water Tank <input type="checkbox"/> Exterior Wastewater Treatment Device, Storm <input type="checkbox"/> Garage Catch Basin <input type="checkbox"/> Hospitals, Surgery Centers & CBRFs ² | <input type="checkbox"/> IAPMO Water Demand Calculator <input type="checkbox"/> Interior Containment Tank <input type="checkbox"/> Interior Cross Connection Control Assembly, Health Care ^{**} <input type="checkbox"/> Interior Grease Interceptor <input type="checkbox"/> Interior Mixed Wastewater Treatment Device <input type="checkbox"/> Interior Non-Potable Water System <input type="checkbox"/> Interior Oil Interceptor <input type="checkbox"/> Interior Potable Water Tank <input type="checkbox"/> Interior Wastewater Treatment Device <input type="checkbox"/> Manufactured Home Community Water Supply System <input type="checkbox"/> Multipurpose Piping System <input type="checkbox"/> Private Interceptor Main Sewer, Sanitary ¹ <input type="checkbox"/> Private Interceptor Main Sewer, Storm ¹ <input type="checkbox"/> Private Water Main ¹ <input type="checkbox"/> Provent Engineered System ^{***} <input type="checkbox"/> Pure Water System (RO) <input type="checkbox"/> Regulated Contaminant Water Treatment – Arsenic ² <input type="checkbox"/> Regulated Contaminant Water Treatment – Bacteria ² <input type="checkbox"/> Regulated Contaminant Water Treatment – Nitrate ² | <input type="checkbox"/> Regulated Contaminant Water Treatment – Other ² <input type="checkbox"/> Regulated Contaminant Water Treatment – Radium ² <input type="checkbox"/> Sanitary Dump Station <input type="checkbox"/> Siphonic Roof Drain Engineered System <input type="checkbox"/> Sovent Engineered System ^{***} <input type="checkbox"/> Storm Detention System ² <input type="checkbox"/> Storm Subsurface Infiltration Plumbing ² <input type="checkbox"/> Water Distribution System ¹ <input type="checkbox"/> Water Reuse - Blackwater ² <input type="checkbox"/> Water Reuse - Clearwater ² <input type="checkbox"/> Water Reuse – Graywater ² <input type="checkbox"/> Water Reuse – Stormwater ² <input type="checkbox"/> Water Service ¹ <input type="checkbox"/> Water Treatment – .5 Chlorine ² <input type="checkbox"/> Water Treatment – Chloramine ² <input type="checkbox"/> Water Treatment – Chlorine Dioxide ² <input type="checkbox"/> Water Treatment – Silver/Copper ² <input type="checkbox"/> Water Treatment – Thermal ² <input type="checkbox"/> Water Treatment – Ultrafiltration ² <input type="checkbox"/> Water Treatment – Ultraviolet System ² <input type="checkbox"/> Alternate Vacuum Waste System |
|---|---|--|

**** Submit to DSPS for review and registration of Exterior and Interior Cross Connection Control Assemblies located in a Health Care Facility. Note – Reference SPS 382.20-1 Table Section #5 for a complete list of devices.**

***** Submit to DSPS for review. We cannot review Provent, Sovent or other similarly classified Experimental Systems.**

¹ Permission to Start can be applied for.

² Delegated authority for this installation is municipal specific. Check the current list of [delegated municipalities](#) to determine whether this installation can be submitted to E-Plan Exam or if it needs to be submitted to DSPS for review.

Attestation

The applicant acknowledges that the submittal is complete and accurate, and that any additional application or submittal information requested must be received within five (5) business days or the plan is subject to denial. The applicant further acknowledges that any additional plan review information requested must be received within fifteen (15) business days or the plan is subject to denial.

Applicant Signature

Date

Applicant Name: _____

Applicant Email: _____

Applicant Phone: _____

Optional - Permission to Start Request:

The request for an early Permission to Start is optional and an additional fee will be applied. 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 only and a maximum of 18-inches above floor.

As the building 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:

- | | |
|---|--|
| <input type="checkbox"/> Building drain & vent, sanitary | <input type="checkbox"/> Private interceptor main sewer, storm |
| <input type="checkbox"/> Building drain & vent, storm | <input type="checkbox"/> Private water main |
| <input type="checkbox"/> Building sewer, sanitary | <input type="checkbox"/> Water distribution system |
| <input type="checkbox"/> Building sewer, storm | <input type="checkbox"/> Water service |
| <input type="checkbox"/> Private interceptor main sewer, sanitary | |

Building Owner's Signature

Date

Building Owner's Printed Name: _____

Building Owner's Email: _____

Building Owner's Phone: _____