



Safety and Buildings Division
 201 W. Washington Ave., P.O. Box 7162
 Madison, WI 53707-7162

County _____
 Sanitary Permit Number (to be filled in by Co.) _____

Sanitary Permit Application

In accordance with s. Comm. 83.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Commerce. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number _____
 Project Address (if different than mailing address) _____

I. Application Information – Please Print All Information

Property Owner's Name _____ Parcel # _____

Property Owner's Mailing Address _____ Property Location _____
 Govt. Lot _____
 _____ 1/4, _____ 1/4, Section _____
 (circle one)
 T _____ N; R _____ E or W

II. Type of Building (check all that apply) <input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____ <input type="checkbox"/> Public/Commercial – Describe Use _____ <input type="checkbox"/> State Owned – Describe Use _____	Lot # _____ Block # _____ CSM Number _____	Subdivision Name _____ <input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> Town of _____
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III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A.	<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Treatment/Holding Tank Replacement Only	<input type="checkbox"/> Other Modification to Existing System (explain) _____
B.	<input type="checkbox"/> Permit Renewal Before Expiration	<input type="checkbox"/> Permit Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> Permit Transfer to New Owner

List Previous Permit Number and Date Issued _____

IV. Type of POWTS System/Component/Device: (Check all that apply)

Non-Pressurized In-Ground
 Pressurized In-Ground
 At-Grade
 Mound ≥ 24 in. of suitable soil
 Mound < 24 in. of suitable soil
 Holding Tank
 Other Dispersal Component (explain) _____
 Pretreatment Device (explain) _____

V. Dispersal/Treatment Area Information:

Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation
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VI. Tank Info	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank										
Dosing Chamber										

VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print)	Plumber's Signature	MP/MPRS Number	Business Phone Number
Plumber's Address (Street, City, State, Zip Code)			

VIII. County/Department Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee \$	Date Issued	Issuing Agent Signature
<input type="checkbox"/> Owner Given Reason for Denial				

IX. Conditions of Approval/Reasons for Disapproval

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size