

		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.)	
<h2 style="margin: 0;">Sanitary Permit Application</h2> <p style="font-size: small; margin: 0;">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.</p>				State Transaction Number	
I. Application Information – Please Print All Information					
Property Owner's Name				Parcel #	
Property Owner's Mailing Address				Property Location	
City, State		Zip Code	Phone Number		Govt. Lot
					¼, ¼, Section (circle one)
II. Type of Building (check all that apply)			Lot #		T N; R
<input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms			Block #		Subdivision Name
<input type="checkbox"/> Public/Commercial – Describe Use			CSM Number		<input type="checkbox"/> City of
<input type="checkbox"/> State Owned – Describe Use					<input type="checkbox"/> Village of
					<input type="checkbox"/> Town of
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)					
<input type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound ≥ 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) <input type="checkbox"/> 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
VI. Tank Info		Capacity in Gallons		Total Gallons	# of Units
		New Tanks	Existing Tanks	Manufacturer	
				Material	
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 <input type="checkbox"/> Owner Given Reason for Denial	Permit Fee \$	Date Issued	Issuing Agent Signature	
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