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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 _____

City, State _____ Zip Code _____ Phone Number _____
Govt. Lot _____
_____ 1/4, _____ 1/4, Section _____
(circle one)
T _____ N; R _____ E or W

II. Type of Building (check all that apply)
 1 or 2 Family Dwelling – Number of Bedrooms _____
 Public/Commercial – Describe Use _____
 State Owned – Describe Use _____

Lot # _____
 Block # _____
 CSM Number _____

Subdivision Name _____
 City of _____
 Village of _____
 Town of _____

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A. New System Replacement System Treatment/Holding Tank Replacement Only Other Modification to Existing System (explain) _____

B. Permit Renewal Before Expiration Permit Revision Change of Plumber 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 _____

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

Approved Disapproved 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