



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
¼, ¼, Section
(circle one)

II. Type of Building (check all that apply) Lot #

1 or 2 Family Dwelling – Number of Bedrooms Block #

Public/Commercial – Describe Use CSM Number

State Owned – Describe Use 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	Material
	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