



Safety and Buildings Division
 201 W. Washington Ave., P.O. Box 7162
 Madison, WI 53707 – 7162
 (608) 266-3151

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

Sanitary Permit Application

In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)

State Plan I.D. Number _____
 Project Address (if different than mailing address) _____

I. Application Information – Please Print All Information

Property Owner's Name			Parcel #	Lot #	Block #
Property Owner's Mailing Address			Property Location		
City, State	Zip Code	Phone Number	_____ 1/4, _____ 1/4, Section _____		
			(circle one) T _____ N; R _____ E or W		

II. Type of Building (check all that apply)		Subdivision Name	CSM Number
<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 _____		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township 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
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: (Check all that apply)

Non-Pressurized In-Ground
 Mound ≥ 24 in. of suitable soil
 Mound < 24 in. of suitable soil
 At-Grade
 Single Pass Sand Filter
 Constructed Wetland
 Pressurized In-Ground
 Holding Tank
 Peat Filter
 Aerobic Treatment Unit
 Recirculating Sand Filter
 Recirculating Synthetic Media Filter
 Leaching Chamber
 Drip Line
 Gravel-less Pipe
 Other (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	Number of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank										
Aerobic Treatment Unit										
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
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Plumber's Address (Street, City, State, Zip Code) _____

VIII. County/Department Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (includes Groundwater Surchage Fee)	Date Issued	Issuing Agent Signature (No Stamps)
<input type="checkbox"/> Owner Given Reason for Denial				

IX. Conditions of Approval/Reasons for Disapproval

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