



**Department of Safety
& Professional Services,
Industry Services Division**

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

Sanitary Permit Application

In accordance with SPS 383.21(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 Safety and Professional Services. 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 _____

City, State _____ Zip Code _____ Phone Number _____
_____ 1/4, _____ 1/4, Section _____

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 # _____	T _____ N _____ R _____ E or W _____
	Block # _____	Subdivision Name _____
	CSM Number _____	<input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input type="checkbox"/> Town of _____

III. Type of POWTS Permit: (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if applicable.)

A.	<input type="checkbox"/> New System	<input type="checkbox"/> Replacement System	<input type="checkbox"/> Other Modification to Existing System (explain) _____	<input type="checkbox"/> Additional Pretreatment Unit (explain) _____		
B.	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> In-Ground (conventional)	<input type="checkbox"/> At-Grade	<input type="checkbox"/> Mound	<input type="checkbox"/> Individual Site Design	<input type="checkbox"/> Other Type (explain) _____
C.	<input type="checkbox"/> Renewal Before Expiration	<input type="checkbox"/> Revision	<input type="checkbox"/> Change of Plumber	<input type="checkbox"/> Transfer to New Owner	List Previous Permit Number and Date Issued _____	

IV. Dispersal/Treatment Area and Tank Information:

Design Flow (gpd)	Design Soil Application Rate(gpd/sf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation						
Tank Information	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										

V. 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) _____

VI. County/Department Use Only

Approved Disapproved Owner Given Reason for Denial _____ Permit Fee \$ _____ Date Issued _____ Issuing Agent Signature _____

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