



commerce.wi.gov

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, Section  
T N; R (circle one)

**II. Type of Building (check all that apply)**

1 or 2 Family Dwelling – Number of Bedrooms Lot #

Public/Commercial – Describe Use Block #

State Owned – Describe Use 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 CON-STRUCTED	STEEL	FIBER-GLASS	PLASTIC
	New Tanks	Existing Tanks								
Septic or Holding Tank						<input type="checkbox"/>				
Dosing Chamber						<input type="checkbox"/>				

### 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