Department of Safety & Professional Services, Industry Services Division

County

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

Sanitary Permit Application

State Transaction Number

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.

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 _____

_____¼,_____¼, Section _____

T_____N R_____E or W

City, State	Zip Code	Phone Number

Lot #

Block #

CSM Number

Subdivision Name

☐ City of _____

☐ Village of _____

☐ Town of _____

II. Type of Building (check all that apply)

☐ 1 or 2 Family Dwelling – Number of Bedrooms _____

☐ Public/Commercial – Describe Use _____

☐ State Owned – Describe Use _____

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.	☐ New System	☐ Replacement System	☐ Other Modification to Existing System (explain)		☐ Additional Pretreatment Unit (explain)	
B.	☐ Holding Tank	☐ In-Ground (conventional)	☐ At-Grade	☐ Mound	☐ Individual Site Design	☐ Other Type (explain)
C.	☐ Renewal Before Expiration	☐ Revision	☐ Change of Plumber	☐ 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