

PORTABLE RESTROOM APPLICATION

Property Owner(s):
Mailing Address:
Legal Description: <small>1/4 1/4, Sec. , T N, R E or W</small>
City, Village, Township Of:
Parcel Tax Number:
Attach a plot plan drawing showing structure, proposed portable restroom, well (if applicable), North, public road, driveway, lake or waterway. Show distances between objects.

1. No plumbing will be installed in the premises served by the portable restroom unless a code compliant Private Onsite Wastewater Treatment System or holding tank exists, or a valid sanitary permit to install such a system has been issued.
2. A portable restroom shall maintain minimum setbacks as specified in Table 1.

Table 1	Well	Habitable Building	Lake/Stream	Lot Line
Portable Restroom	50 Ft	25 Ft	Minimum 75 Ft	10 Ft

3. Portable restrooms used for one- and two-family purposes shall be constructed in such a manner so as to exclude flies, rats and other vermin. Doors should be self-closing and vault ventilators shall terminate at least 8 inches above the roof.
4. The portable restroom shall be kept clean and sanitary. The contents shall be disposed in accordance with NR 113, Wis. Adm. Code. Portable restrooms shall be maintained in a timely manner to insure portable restroom is maintained in a sanitary manner. Receipts shall be kept on each servicing.
5. Owner agrees to maintain portable restroom in a clean & sanitary manner so as not to create a human health hazard as defined in 254.01(2), Wis Stats.
6. Refer to information pertaining to DSPS 391.13, Portable Restrooms.
7. This agreement shall be binding on the owner, their heirs and assignees.
8. The issuance of a portable restroom permit/application allows the Zoning Administrator to conduct necessary on-site inspections as required.
9. Notify Zoning Office if porta potty is removed and/or replaced.
10. Holding Tank Servicing Contract required. [\[click here\]](#)

Printed Owner(s) Names(s):	OFFICE USE ONLY
	Application number:
Owner(s) Signature:	
	Reviewed by:

Subscribed and sworn to before me this date: _____

Notary Public Signature: _____

Notary Public Name Printed: _____

My Commission expires: _____