



Industry Services Division  
 4822 Madison Yards Way  
 Madison, WI 53705  
 P.O. Box 7162  
 Madison, WI 53707-7162

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
City, State	Zip Code	Govt. Lot _____ _____ 1/4, _____ 1/4, Section _____
Phone Number		T _____ N _____ R _____ E or W

<b>II. Type of Building (check all that apply)</b> <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 # _____	Subdivision Name _____
	Block # _____	<input type="checkbox"/> City of _____
	CSM Number _____	<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.)

<b>A.</b>	New System	Replacement System	<input type="checkbox"/> Other Modification to Existing System (explain) _____	Additional Pretreatment Unit (explain) _____		
<b>B.</b>	Holding Tank	In-Ground (conventional)	At-Grade	Mound	Individual Site Design	Other Type (explain) _____
<b>C.</b>	Renewal Before Expiration	<input type="checkbox"/> 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	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Denial	Permit Fee \$ _____	Date Issued	Issuing Agent Signature
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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